

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000136487**

1. Entity Name  
**PAPA MIKE'S HOME IMPROVEMENTS, INC.**



Principal Place of Business  
**6109 LYNNWOOD AVE.  
JACKSONVILLE, FL 32210**

Mailing Address  
**6109 LYNNWOOD AVE.  
JACKSONVILLE, FL 32210**



05252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2414761</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIGLER, MICHAEL J  
6109 LYNNWOOD AVE.  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SIGLER, MICHAEL J
STREET ADDRESS	6109 LYNNWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	V
NAME	SIGLER, WILLIAM
STREET ADDRESS	6109 LYNNWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	ST
NAME	SIGLER, LUCIA
STREET ADDRESS	6109 LYNNWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80070-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**22 May 2008**

Date

**904 607 4966**

Daytime Phone #