


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90009 009 ***150.00

DOCUMENT # P03000139981		
1. Entity Name MR MILDEW, INC		

Principal Place of Business 4721 MINK ROAD SARASOTA, FL 34235	Mailing Address 4721 MINK ROAD SARASOTA, FL 34235
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07022004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0392402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAY, JIM CPA 3984 MANATEE AVE EAST BRADENTON, FL 34208		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SLATER, PRESTON S 4721 MINK ROAD SARASOTA, FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Preston Slater Preston Slater July 4 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(941) 3108115

Attachment
jim gay, cpa

44048692

3984 Manatee Avenue East
Bradenton, FL 34208
jimgaycpa.com

Member American Institute
of Certified Public
Accountants

Phone: (941)747-0588

Fax (941) 747-2569

Member Florida Institute
of Certified Public
Accountants

July 2, 2004

Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Mr. Mildew, Inc
DOC: P03000139981


To whom it may concern,

This letter is to explain the taxpayer's position in this situation, they just received a notice to dissolve their corporation. The taxpayer just formed his corporation at the end of 2003, and did not know what to expect in the area of filing and fees. I know that historically, you send out the first notice in January, and a notice of delinquency if it has not been received by May 1st, but they do not remember seeing any of that at this point. I know you also changed the format in which the forms were sent out this year, and it seems that quite a few people did not realize that the card was the replacement of the normal UBR form.

Please consider the abatement of the reinstatement fee and accept the payment of \$150.
Thank you for your assistance in this matter.

Sincerely,


Jim Gay, CPA

Acknowledged: 
Preston Slater, President