


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

| | | |
|--------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000139981 | |  |
| 1. Entity Name MR MILDEW, INC | | |
| Principal Place of Business... | Mailing Address | |
| 4721 MINK ROAD SARASOTA, FL 34235 | 4721 MINK ROAD SARASOTA, FL 34235 | |
| DO NOT WRITE IN THIS SPACE | | |



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0392402

Applied For
Not Applicable

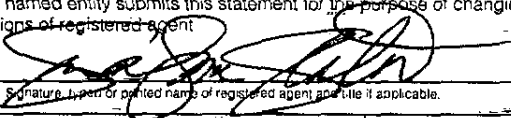
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| |
|--------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
| GAY, JIM CPA 3984 MANATEE AVE EAST BRADENTON, FL 34208 |

**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, in pen or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| | |
|----------------------------|--------------------|
| 10. OFFICERS AND DIRECTORS | |
| TITLE | PRES |
| NAME | SLATER, PRESTON S |
| STREET ADDRESS | 4721 MINK ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34235 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/05/05-80108-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 941-587-8623