

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142238

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: MIKE FARRIS MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

1510 DELAWARE AVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1504 DELAWARE AVE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 20-0475790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARRIS, MIKE  
1504 DELAWARE AVE  
LYNN HAVEN, FL 32444      US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: FARRIS, JOYCE  
Address: 1504 DELAWARE AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: P D      ( ) Delete  
Name: FARRIS, MIKE  
Address: 1504 DELAWARE AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP      ( ) Delete  
Name: BRATZEL, ZAC  
Address: 1902 HANNAH AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 2VP      ( ) Change (X) Addition  
Name: SELLERS, LOUIE A  
Address: 250 NELLIE STREET LTO 35  
City-St-Zip: CALLAWAR, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE FARRIS

P D

04/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date