2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2007 8:00 am
Secretary of State
04-05-2007 90146 031 ***150.00

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1. Entity Name
MIKE MOHLER REMODELING, INC.

Principal Place of Business	Mailing Address
4642 FOSTER LANE ZEPHYRHILLS, FL 33541 US	4642 FOSTER LANE ZEPHYRHILLS, FL 33541 US

DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0666392

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOHLER, MICHAEL
4642 FOSTER LANE
ZEPHYRHILLS, FL 33542

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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: Michael Mohler michael mohler 4-14-07
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOHLER, MICHAEL
STREET ADDRESS	4642 FOSTER LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael Mohler michael mohler 4-14-07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #