


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State

04-22-2005 90297 004 ***150.00

DOCUMENT # P04000016357					
1. Entity Name MIKE SUSEWITT INC.					
Principal Place of Business % MICHAEL SUSEWITT P O BOX 902 SORRENTO FL 32776			Mailing Address % MICHAEL SUSEWITT P O BOX 902 SORRENTO FL 32776		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-049-3685	
				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 OLSON, TERRY 545 N UMATILLA BLVD UMATILLA FL 32784			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUSEWITT, MICHAEL		NAME		
STREET ADDRESS	25814 PINEHURST ST		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEDEGARD, BRIAN		NAME		
STREET ADDRESS	25814 PINEHURST ST		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALEC, WALTER		NAME		
STREET ADDRESS	25814 PINEHURST ST		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL 32776		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mike Susewitt</i> MIKE SUSEWITT <i>April 14 2005</i> 32516-8818					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/04)