


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000017622</b>	
1. Entity Name <b>MIKE JARRELL CORPORATION</b>	

Principal Place of Business <b>3195 TINDALL ACRES RD. KISSIMMEE, FL 34744</b>	Mailing Address <b>3195 TINDALL ACRES RD. KISSIMMEE, FL 34744</b>
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**DO NOT WRITE IN THIS SPACE**



04092006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0226672</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>JARRELL, MICHAEL 3195 TINDALL ACRES RD. KISSIMMEE, FL 34744</b>
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>UD00000503861 04/26/06-80049-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JARRELL, MICHAEL 3195 TINDALL ACRES RD. KISSIMMEE, FL 34744</b>
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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.

<b>SIGNATURE:</b>  <b>MICHAEL JARRELL</b> <b>4/9/06</b> <b>407-496-0592</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>