

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-04-2005 90085 004 ***100.00

P04000035630

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)

DOCUMENT # P04000035630 1. Entity Name MIGHTY TEN CORP.			
Principal Place of Business 4783 ALBACORE LANE #214 FORT MYERS FL 33919 US		Mailing Address 4783 ALBACORE LANE #214 FORT MYERS FL 33919 US	
2. Principal Place of Business 511 SE 33 ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 511 SE 33 ST <small>Suite, Apt. #, etc.</small>	
City & State CAPE CORAL, FL Zip 33904		City & State CAPE CORAL, FL Zip 33904	
Country USA		Country USA	
4. FEI Number 26-0088895		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 KAYLER, ADAM 4783 ALBACORE LANE #214 FORT MYERS FL 33919		7. Name and Address of New Registered Agent Name KAYLER, MARIA T Street Address (P.O. Box Number is Not Acceptable) 511 SE 33 ST City CAPE CORAL	
State FL		Zip Code 33904	
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 <u>Maria Teresa Kayler</u> DATE <u>2/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/T NAME KAYLER, ADAM STREET ADDRESS 4783 ALBACORE LANE, #214 CITY-ST-ZIP FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE P/T NAME KAYLER, MARIA T STREET ADDRESS 511 SE 33 ST CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP/S NAME KAYLER, MARIA T STREET ADDRESS 4783 ALBACORE LANE, #214 CITY-ST-ZIP FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Maria Teresa Kayler</u> MAKIA TERESA KAYLER		Date <u>2/23/05</u> Daytime Phone # <u>239-573-2620</u>	