


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90131 022 ***150.00

DOCUMENT # P04000047301 1. Entity Name MOLICK ENTERPRISES, INC.	
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Principal Place of Business 433 SECOND STREET S SUITE B SAFETY HARBOR, FL 34695	Mailing Address 433 SECOND STREET S SUITE B SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE

40092955



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0863626	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIFFITH, JEFFREY D 433 SECOND STREET SOUTH SUITE B SAFETY HARBOR, FL 33761

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLICK, THOMAS C 10325 HAPPY HOLLOW AVENUE ODESSA, FL 33556
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 the responses 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 employees.

SIGNATURE: X 4-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #