## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P04000049557** 

1. Entity Name

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

J. MIKESELL, INC.



01152007

4. FEI Number 20-0831528

Principal Place of Business

38 S. BLUE ANGEL PKWY, BOX 184 PENSACOLA, FL 32560

38 S. BLUE ANGEL PKWY, BOX 184 PENSACOLA, FL 32560

**FILED** Apr 27, 2007 08:00 A Secretary of State



No Chg-P

CR2E034 (11/05)

Daytme Phone #

Applied For

Not Applicable

				5. Certificate o	f Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				:			1
MIKESELL, JASON 38 S. BLUE ANGEL PKWY. PENSACOLA, FL 32506			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or registe .	ered agent, or both	, in the State of Flo	rida. I am (	amiliar with, and accept
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 Campaig Trust Fund Contri			ncing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND DIREC	CTORS	1		le e	1,1	1.94
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MIKESELL, JASON 38 S. BLUE ANGEL PKWY, BOX 184 PENSACOLA, FL 32560		in 191 a	i de la seco	u00000 05/11/07-)	737340 80024-	004 150.00
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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 AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR