1 of 2

4/29/2005-90227-001-$150.00-$150.00

FILED

05 AUG -5 AM 8:39

SEC. OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121985

1. Entity Name
R MICKLEY WOODWORKING INC

Principal Place of Business	Mailing Address
15796 129TH TERRACE NORTH JUPITER, FL 33478	15796 129TH TERRACE NORTH JUPITER, FL 33478

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

04192005 Chg-P CR2E034 (10/03) 05

4. FEI Number: 65-1009330 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICKLEY, ROBERT
15796 129TH TERRACE NORTH
JUPITER, FL 33478

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 [signature] ROBERT MICKLEY 4-25-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,VP MICKLEY, ROBERT D 15796 129TH TERRACE NORTH JUPITER, F 33478	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,T MICKLEY, CAROLYN 15796 129TH TERRACE NORTH JUPITER, FL 33478	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] ROBERT MICKLEY 4-25-05 561-747-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

-8-4-05

FLORIDA DEPARTMENT OF STATE
GLENDA E. HOOD
SECRETARY OF STATE

RE: NOTICE TO DISSOLVE - POST CARD.

ATTN: BARBRA

THIS NOTICE BROUGHT TO OUR ATTENTION THAT OUR EMPLOYER IDENTIFICATION WAS MISSING ON OUR ORIGINAL REPORT.

IF THERE WAS ANY PREVIOUS NOTICE, I DO NOT REMEMBER THEM AND I WAS IN HOSPITAL FOR 8 DAYS AROUND JUNE 8, 2005 AND JUST STARTING BACK TO WORK.

PLEASE DO NOT DISSOLVE THE CORPORATION AND ENCLOSED IS COPY OF ANNUAL REPORT WITH FEI NUMBER, 65-1009330

SINCERELY,

Robert Hickey
PRESIDENT