

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90039 013 ***150.00

DOCUMENT # P04000153089

1. Entity Name

MIKE'S LIFESTYLE GOURMET, INC.



Principal Place of Business

1114 JOHN SIMS PKWY E SUITE 303
NICEVILLE FL 32578

Mailing Address

1114 JOHN SIMS PKWY E SUITE 303
NICEVILLE FL 32578



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

06-1734411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYWARD, JENNY S
3929 BALSAM DRIVE
NICEVILLE FL 32578-1143

7. Name and Address of New Registered Agent

Name Michael Caruana

Street Address (P.O. Box Number is Not Acceptable)
1114 John Sims Pkwy E.

Ste. 303

City Niceville

FL

Zip Code
32578

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 of registered agent and name of registered agent who use it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CARUANA, MICHAEL PRES
STREET ADDRESS 142 INDIAN BAYOU DR
CITY-ST-ZIP DESTIN FL 32541

TITLE STD ☒ Delete
NAME HAYWARD, JENNY S CFO
STREET ADDRESS 3929 BALSAM DRIVE
CITY-ST-ZIP NICEVILLE FL 32578-1143
eff 12/31/05

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2006

Date

Daytime Phone #

1-850-837-3440