2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000030795

1. Entity Name

MICKEY'S HOUSE OF COFFEES CORP.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

243 CENTRAL AVENUE ST PETERSBURG, FL 33701 Mailing Address

1224 ROYAL PALM DRIVE GULFPORT, FL 33707



DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2396371

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALEOLOGOS, MICKEY 1224 ROYAL PALM DRIVE GULFPORT, FL 33707

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the patiens of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	ith, in the State of Flor	ida. I am familiar with, a	nd accept
SIGNATURE	Signature, typed or printed name of registered agent and tale	fapplicable. (NOTE: Registere	d Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS			1990 304	100000	004200 \$ 11 kg	1.30
ITILE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PALEOLOGOS, MICKEY 1224 ROYAL PALM DRIVE GULFPORT, FL 33707				04/17/08-	884389 80042-005, 150	1.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			7. 1		五二次 使扩张的		

DO NOT WRITE
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 oalh; 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

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #