


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P05000067165
 1. Entity Name
 MICHAEL DOYLE INC.



Principal Place of Business Mailing Address
 5558 PERNOD DRIVE 5558 PERNOD DRIVE
 FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 32-0149404 Not Applicable

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

6. Name and Address of Current Registered Agent
 DOYLE, MICHAEL
 5558 PERNOD DRIVE
 FORT MYERS, FL 33919

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P DOYLE, MICHAEL 5558 PERNOD DRIVE FORT MYERS, FL 33919
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 04/30/07-80025-003 150.00

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: Michael Doyle Michael Doyle 239-896-5798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #