

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000106360

1. Entity Name  
MIGHTY MITE BUILDING SERVICES, INC.



Principal Place of Business

4513 S OCEAN BLVD.  
APT. #3  
HIGHLAND BEACH, FL 33487

Mailing Address

4513 S OCEAN BLVD.  
APT. #3  
HIGHLAND BEACH, FL 33487



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3228049

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAFFEL, JOHN D JR.  
4513 S OCEAN BLVD.  
APT. #3  
HIGHLAND BEACH, FL 33487

DO NOT WRITE  
IN THIS SPACE

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, 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 Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SAFFEL, JOHN D JR  
STREET ADDRESS 4513 S OCEAN BLVD  
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000719015  
05/01/07-80045-011 150.00

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 oath; that I am an officer or director of the corporation or a 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 a power of attorney.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone # (561) 376-1770

SAFFEL, JOHN D JR 2-23-07