

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000145027

**1. Entity Name
MICA ENTERPRISES, INC.**



**Principal Place of Business
851 S.E. S.R. 434
134
LONGWOOD, FL 32750**

**Mailing Address
155 W. STATE ROAD 434
XCLUSTOSCHTOM 43819**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

**4. FEI Number
20-3714553**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**WELLS, MICHAEL
1686 COURTLAND BLVD.
DELTONA, FL 32738**

**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 PD
NAME WELLS, MICHAEL
STREET ADDRESS 1686 COURTLAND BLVD.
CITY-ST-ZIP DELTONA, FL 32738**

**TITLE VD
NAME DANIELS, CASSIUS
STREET ADDRESS 1123 CULVER ROAD
CITY-ST-ZIP ORLANDO, FL 32825**

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

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

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

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

000000638010
02/27/07-80012-012 150.00

**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 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 L Wells* Michael L Wells President

2-13-07

Date

407-647-07

Daytime Phone #