2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000010297

1. Entity Name

MIKE OLNESS CONSTRUCTION, INC.



Principal Place of Business

612 96TH ST OCEAN MARATHON, FL 33050 Mailing Address

612 96TH ST OCEAN MARATHON, FL 33050

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90381 012 ***150.00

40086310



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E03

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

14-1948333

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLNESS, MICHAEL 612 96TH ST OCEAN MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent. SIGNATURE Signature: Signature required when renetating) Poly							,		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE P/D NAME OLNESS, MICHAEL STREET ADDRESS CITY-SI-ZIP MARATHON, FL 33050 TITLE VP/D NAME STONE, JEANICE STREET ADDRESS CITY-SI-ZIP MARATHON, FL 33050 TITLE T NAME OLNESS, MICHAEL STREET ADDRESS CITY-SI-ZIP MARATHON, FL 33050 TITLE VP/D NAME STONE, JEANICE STREET ADDRESS CITY-SI-ZIP MARATHON, FL 33050 TITLE T NAME OLNESS, MICHAEL STREET ADDRESS CITY-SI-ZIP MARATHON, FL 33050 TITLE T NAME OLNESS, MICHAEL STREET ADDRESS S12 96TH ST OCEAN CITY-SI-ZIP MARATHON, FL 33050	rith, and accep	th, in the State of Florida. I am familiar wit	egistered agent, or bo	office or r	s registered	jurpose of changing its	3v2		
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITTLE P/D NAME OLNESS, MICHAEL STREET ADDRESS 612 96TH ST OCEAN ITTLE VP/D NAME STONE, JEANICE STREET ADDRESS 612 96TH ST OCEAN CITY-ST-ZIP MARATHON, FL 33050 ITTLE NAME OLNESS, MICHAEL STREET ADDRESS 612 96TH ST OCEAN ITTLE NAME OLNESS, MICHAEL STREET ADDRESS 612 96TH ST OCEAN		DATE	required when reinstating)	TE: Registered A	f applicable. (NOT				
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TITLE S IN THIS SPACE NAME STONE, JEANICE STREET ADDRESS CITY-S1-ZIP MARATHON, FL 33050		THIS SPACE	IN '				0	STONE, JEANICE 612 96TH ST OCEAN	NAME STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP									name Street address City-St-Zip

12. Thereby 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 his 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 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08 (305) 240-0817

Daytime Phone #