2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P0700081824 1. Entity Name MIKE BARGREN ENTERPRISES INCORPORATED					. •	04-28-2008 9	90344 047 ***15	0.00	
Principal Place of Business Mailing Address				7.	300				
1505 W. HOL TAMPA, FL	LYWOOD ST	1505 W. HOLLYWOOD ST TAMPA, FL 33604		•				- :	
	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062008	Chg-P	CR2E034 (12/06)			
City & State		City & State			4. FEI Number 26 - 0.	551678	} - i -	pplied For ot Applicable	
Zip	Country	Zip	Country	y	5. Certificate	of Status Desired	See Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BARGREN, MICHAEL				Name					
1505 W. HOLLYWOOD ST TAMPA, FL 33604				Street Address (P.O. Box Number is Not Acceptable)					
				City	FL Zip Code				
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, Noted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
					00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE			INCE		······		☐ Change	☐ Addition	
NAME	· ·		NAME	ļ					
STREET ADDRESS CITY-ST-ZIP				ADORESS				ŀ	
-	· · · · · · · · · · · · · · · · · · ·		CITY-S	1-214					
TITLE NAME		Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				ADDRESS				ľ	
CITY-ST-ZIP			CITY-S	T-ZIP					
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NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-SI	ADDRESS Tazip	,				
TITLE		☐ Delete	TITLE				☐ Change		
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STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP		~ -	<u></u> .		
THLE		☐ Delete	BITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME	ADDRESS					
CITY-ST-ZIP			CITY-SI					ļ	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME		—	NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP CITY- 12. I hereby certify that the information supplied with this filing does not qualify for the exe									
z. Thereby o	ertify that the information supplied with	this filing does not qualify for	r the exem	options contained	in Chapter 119	, Florida Statutes. I	further certify that the i	information	

Thereby during the information supplied with this limit does not quality 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:

DE TOPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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