

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003642

Entity Name: MIKE'S TROPHIES AND GIFTS, INC.

FILED  
Apr 12, 2005  
Secretary of State

## Current Principal Place of Business:

929 LINCOLN AVE  
STUART, FL 34994

## New Principal Place of Business:

929 S.E. LINCOLN AVE  
STUART, FL 34994 US

## Current Mailing Address:

929 LINCOLN AVE  
STUART, FL 34994

## New Mailing Address:

929 S.E. LINCOLN AVE  
STUART, FL 34994 US

FEI Number: 65-0382377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PAUL, CAROL  
929 LINCOLN AVE  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

PAUL, CAROL H  
929 S.E. LINCOLN AVE  
STUART, FL 34994 US

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.

SIGNATURE: CAROL H. PAUL

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PAUL, MICHAEL  
Address: 1096 N.W. 13TH TERR.  
City-St-Zip: STUART, FL

Title: VPD ( ) Delete  
Name: PAUL, CAROL  
Address: 1096 N.W. 13TH TERRACE  
City-St-Zip: STUART, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PAUL, MICHAEL  
Address: 1096 N.W. 13TH TERR.  
City-St-Zip: STUART, FL 34994 US

Title: VPD (X) Change ( ) Addition  
Name: PAUL, CAROL  
Address: 1096 N.W. 13TH TERRACE  
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL H. PAUL

VPD

04/12/2005

Electronic Signature of Signing Officer or Director

Date