2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-07-2006 90043 044 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010153

1. Entity Name

C. MIKE SWETT, INC.

Principal Place of Business	Mailing Address
10021 SW 112 STREET MIAMI FL 33176 US	10021 SW 112 STREET MIAMI FL 33176 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0458471 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANASH, CHARLES SR
10021 SW 112 ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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, 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MANASH, MICHAEL		NAME	
STREET ADDRESS	11220 SW 108 CT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MANASH, CHARLES		NAME	
STREET ADDRESS	10021 SW 112 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C. Manash 7/26/06 786 2944566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1 of 2 9/15/06

292

Div. of Corp
ATTN: EoLA

Re C. Mike Swett
DBA Nelsons Tree Serv
10021 SW 112ST
Miami FL 33176

Dear EoLA

Asper our phone Conversation LAST week I Am writing You. I DID Receive the notice I sent it BACK with A check for $150.00 The check WAS RETURND. I Then sent A Letter (NO RESPONSE). I then send ~~AS~~ SEOND Letter NO Response Finally I spoke To Neil. He SAID he would Resolve the problem