


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000032050</b>					
1. Entity Name MITA, INC.					
Principal Place of Business 26180 ISLE WAY BONITA SPRINGS FL 34134 US			Mailing Address 26180 ISLE WAY BONITA SPRINGS FL 34134 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0574419				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAFT, GISELA 26180 ISLE WAY BONITA SPRINGS FL 34134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float:right">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	TAFT, GISELA			<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	26180 ISLE WAY				
CITY- ST- ZIP	BONITA SPRINGS FL 34134				
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gisela Taft</u> <u>GISELA TAFT</u> <u>4/15/05</u> <u>239 498-9970</u>					