


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90101 009 ***150.00

DOCUMENT # P96000058888					
1. Entity Name MIKE'S PAINTING & HOME IMPROVEMENTS, INC.					
Principal Place of Business 320 HILLCREST ST LAKELAND, FL 33815 US			Mailing Address 320 HILLCREST ST LAKELAND, FL 33815 US		
2. Principal Place of Business - No P.O. Box # 574 PENINSULAR DR		3. Mailing Address 574 PENINSULAR DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKELAND, FLORIDA		City & State LAKELAND, FL		4. FEI Number 59-3387208	
Zip 33813		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 33813		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCEWIECZ, MICHAEL J 320 HILLCREST ST LAKELAND, FL 33815			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 574 PENINSULAR DRIVE City LAKELAND FL Zip Code 33813		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete MARCEWIECZ, MICHAEL J 320 HILLCREST ST LAKELAND, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 574 PENINSULAR DR. LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/21/07 Daytime Phone # _____		

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