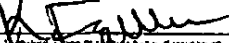
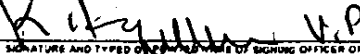


FILED
Mar 12, 2007 8:00 am
Secretary of State

01-19-2007 90021 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000009992		
1. Entry Name MICKEY'S SNACKS & CONCESSION SUPPLY, CO.		
Principal Place of Business 518 ST. PETERSBURG DR. OLDSMAR, FL 34677		Mailing Address P.O. BOX 2402 PALM HARBOR, FL 34682-2402
2. Principal Place of Business - No PO Box # 305 Bear Ridge Cir State, Apt #, etc UNIT 105		3. Mailing Address PO Box 2402 State, Apt #, etc
City & State Palm Harbor, FL Zip 34683		City & State Palm Harbor, FL Zip 34682
4. FEI Number 59-3438708		Applied For Not Applicable
Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FREYMULLER, MAXWELL 518 ST. PETERSBURG DR. OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name: Maxwell Freymuller Street Address: 305 Bear Ridge Circle City: Palm Harbor, FL Zip Code: 34683
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:  DATE: 1/16/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V FREYMULLER, KATHERINE E 518 ST. PETERSBURG DR. OLDSMAR, FL 34677 ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D FREYMULLER, MAXWELL 518 ST. PETERSBURG DR. OLDSMAR, FL 34677 ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  DATE: 3/6/07		