

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000016424

1. Entity Name
DEPTH MARKERS BY MIKE, INC.



Principal Place of Business
**1415 SW 21ST AVE
FORT LAUDERDALE, FL 33312**

Mailing Address
**1415 SW 21ST AVE
FORT LAUDERDALE, FL 33312**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0724959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOODMAN, MICHAEL L
1709 SW 17TH ST
FT LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000380197
01/11/06-80004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOODMAN, MICHAEL
STREET ADDRESS	1522 SW 15TH TERRACE
CITY - ST - ZIP	FT LAUDERDALE, FL 33312

TITLE	DST
NAME	WOODMAN, CONNIE M
STREET ADDRESS	1709 SW 17TH ST
CITY - ST - ZIP	FT LAUDERDALE, FL 33312

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

M.L. Woodman **M.L. Woodman** 1/6/06 954 587 5487