## 2008 FOR PROFIT CORPORATION

## ANNUAL REPORT **FILED** Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P98000016271 1. Entity Name MIKE FERRIE, P.A. Principal Place of Business Mailing Address 1909 CAPITAL CIRCLE N.E. 1909 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3498391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRIE, MIKE DO NOT WRITE 7036 SPENCER RD TALLAHASSEE, FL 32312 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000329118 05/21/08-80056-014 150.00 TITLE FERRIE, MIKE NAME 7036 SPENCER RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receiver or trustee error changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/73/08

It his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered.

Daytime Pr