

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 08, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P98000065744**

1. Entity Name  
**THE MICA GROUP, INC.**



Principal Place of Business  
**3412 LITTLE COUNTRY ROAD  
PARRISH, FL 34219**

Mailing Address  
**PO BOX 619  
ELLENTON, FL 34222**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0866553**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLINE, ROBERT M  
3412 LITTLE COUNTRY ROAD  
PARRISH, FL 34219**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME CLINE, ROBERT M  
STREET ADDRESS 3412 LITTLE COUNTRY ROAD  
CITY-ST-ZIP PARRISH, FL 34219

TITLE VT  
NAME CLINE, CATHY  
STREET ADDRESS 3412 LITTLE COUNTRY ROAD  
CITY-ST-ZIP PARRISH, FL 34219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000000603  
01/08/04-80004-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Cathy Cline, Vice-President*

**1-6-04 941-776-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #