

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000065744



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**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0866553

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

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

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**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 am 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Cathy Cline *Cathy Cline*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-05 9
Date