

Jan 07, 2005 0:
Secretary of2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000065744

1. Entity Name
THE MICA GROUP, INC.Principal Place of Business
3412 LITTLE COUNTRY ROAD
PARRISH, FL 34219Mailing Address
PO BOX 619
ELLENTON, FL 34222

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. 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 34219TITLE VT
NAME CLINE, CATHY
STREET ADDRESS 3412 LITTLE COUNTRY ROAD
CITY-ST-ZIP PARRISH, FL 34219TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPU00000173167
01/07/05-80008-008 150DO 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)(i), Florida Statutes. I further certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under seal. I further certify that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been 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

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