2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000065744

1. Entity Name
THE MICA GROUP, INC.

Principal Place of Business	Mailing Address
11446 SAVANNAH LAKES DR PARRISH, FL 34219	PO BOX 619 ELLENTON, FL 34222

DO NOT WRITE IN THIS SPACE

4U0UUJJ4

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0866553	Not Applicable

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

6. Name and Address of Current Registered Agent

CLINE, ROBERT M
11446 SAVANNAH LAKES DRIVE
PARRISH, FL 34219

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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, 2008 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	11446 SAVANNAH LAKE DR
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	VT
NAME	CLINE, CATHY
STREET ADDRESS	11446 SAVANNAH LAKES DR
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Cathy Cline_ Cathy Cline VP   1-03-08   941-776-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #