

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000067573		
1. Entity Name MIKE A. MIULLI ENTERPRISES, INC.		

Principal Place of Business 15129 ARBOR HOLLOW DR ODESSA, FL 33556	Mailing Address 15129 ARBOR HOLLOW DR ODESSA, FL 33556
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

08 SEP 15 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06162008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3591816	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SUNCOAST ACCOUNTING SERVICES INC 5116 N ARMENTA AVE TAMPA, FL 33603	

7. Name and Address of New Registered Agent	
Name MIKE MIULLI	
Street Address (P.O. Box Number is Not Acceptable) 15129 ARBOR HOLLOW DRIVE	
City Odessa	FL Zip Code 33556

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.

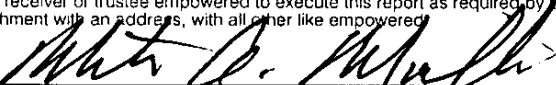
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIULLI, MIKE A 15129 ARBOR HOLLOW DRIVE ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400136105854 09/18/08--01046--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MIULLI, LINDA M 15129 ARBOR HOLLOW DRIVE ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  9/10/08 813-926-3354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #