


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # S14157 1. Entity Name MIKE AND DOODLES, INC.	
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Principal Place of Business 1523 PENMAN ROAD JACKSONVILLE BEACH, FL 32250	Mailing Address 1523 PENMAN ROAD JACKSONVILLE BEACH, FL 32250
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02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3037555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CINOTTI, MICHAEL J. 12845 DAY BREAK CT W JACKSONVILLE, FL 32246

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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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 And if May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CINOTTI, MICHAEL J. 12845 DAYBREAK CT JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CINOTTI, MIRIAM T. 12845 DAYBREAK CT JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINING, MICHELLE 8023 TIMBER MILL RD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOLETTE, MELISSA 9740 MACARTHUR CT S JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEIGHIAN, JOEY 1438 CLASSIC OAK RD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11000000262346
03/14/05-80050-005 150.00

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:  **Mike Cinotti**  **26/05 904-246-1728**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #