2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # S14157

1. Entity Name
MIKE AND DOODLES, INC.

Principal Place of Business	Mailing Address
1523 PENMAN ROAD JACKSONVILLE BEACH, FL 32250	1523 PENMAN ROAD JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3037555
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CINOTTI, MICHAEL J.
1034 MARVONE LN
NEPTUNE BEACH, FL 32266

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	CINOTTI, MICHAEL J.
STREET ADDRESS	1034 MARVONE LN
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	ST
NAME	CINOTTI, MIRIAM T.
STREET ADDRESS	1034 MARVONE LN
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	VP
NAME	VINING, MICHELLE
STREET ADDRESS	8023 TIMBER MILL RD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VP
NAME	FOLETTE, MELISSA
STREET ADDRESS	223 NADIA MICHELLE CT N
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VP
NAME	FOLETTE, KENNETH W
STREET ADDRESS	223 NADIA MICHELLE CT N
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/08-80004-002 150.00

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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: Michael Cinotti Pres 2/11/08 904 246-1728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #