2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Secretary of State 03-04-2005 90085 022 ***150.00 **DOCUMENT # \$67083** 1. Entity Name MIKE'S FINE PRINT, INC. 40026479 Principal Place of Business Mailing Address % MICHAEL PUZANSKAS % MICHAEL PUZANSKAS 7165 ULMERTON RD 7165 ULMERTON RD LARGO, FL 33771 LARGO, FL 33771 3. Mailing Address 1 463 SUNSCT Suite, Apt. #, etc. 2. Principal Place of Business 463 SUNSET CR2E034 (10/03) 02232005 Chg-P City & State 4. FEI Number Applied For City & State CARWATER LCARWATER 59-3083285 Not Applicable COUNTRY PLAS \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBSON, PATRICK W Street Address (P.O. Box Number is Not Acceptable) 205 150TH AVE MADEIRA, FL 33708 City Zip Code nanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the the obligations of registered ac-Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE PUZANSKAS, MICHAEL NAME NAME 1463 SUNSEF POINT RA CLEAR WATER, FL 33755 STREET ADDRESS STREET ADDRESS 7165 ULMERTON RD S6 LARGO, FL 33771 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **VPS** Delete TITLE TITLE PUZANSKAS, ELIZABETH NAME NAME 1463 SUNSET POINT RID STREET ADDRESS 7165 ULMERTON RD S6 STREET ADDRESS LARGO, FL 33771 CITY-ST-7IP CLEARWATER, PL 33755 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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

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FILED Mar 04, 2005 8:00 am