

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90052 046 ***150.00

DOCUMENT # V02974

1. Entity Name

MENIKS, INC.



Principal Place of Business

1161 SUN CENTURY ROAD
STE 2
NAPLES FL 34110
US

Mailing Address

1161 SUN CENTURY ROAD
STE 2
NAPLES FL 34110
US

2. Principal Place of Business

28210 OLD 41 RD.

Suite, Apt. #, etc.

#309

City & State

Bonita Springs FL

Zip

34135

Country

US

3. Mailing Address

28210 OLD 41 RD

Suite, Apt. #, etc.

#309

City & State

Bonita Springs FL

Zip

34135

Country

US



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0307679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEFFREY J.
1161 SUN CENTURY RD
STE 2
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name

Johnson, Jeffrey J.

Street Address (P.O. Box Number is Not Acceptable)

28210 OLD 41 RD. #309

City

Bonita Springs

FL

Zip Code

34135

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COX, DAVID B.
STREET ADDRESS 1989 IMPERIAL GOLF COURSE
CITY- ST- ZIP NAPLES FL

TITLE TD ☐ Delete
NAME JOHNSON-COX, DAWN
STREET ADDRESS 1989 IMPERIAL GOLF COURSE
CITY- ST- ZIP NAPLES FL

TITLE SD ☐ Delete
NAME JOHNSON, JEFFREY J.
STREET ADDRESS 1161 SUN CENTURY RD, STE 2
CITY- ST- ZIP NAPLES FL

TITLE D ☐ Delete
NAME JOHNSON, WILLIAM A
STREET ADDRESS 2074 LAKEVIEW BLVD
CITY- ST- ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Cox

Date

Daytime Phone #

1/25/05

239-566-3232