

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90011 006 \*\*\*150.00

**DOCUMENT # V22152**

1. Entity Name

MIKE'S AMERICAN-ITALIAN CATERED AFFAIR, INC.



Principal Place of Business

836 6TH ST NE NW,  
WINTER HAVEN FL 33881  
US

Mailing Address

836 6TH ST NW  
WINTER HAVEN FL 33881  
US

2. Principal Place of Business

836 6TH ST NW

3. Mailing Address

836 6TH ST NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven Fla

City & State

Winter Haven Fla

Zip

33881

Country

Zip

33881

Country

4. FEI Number

65-0327531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

NAAB, SUSAN  
3434 SHERRY ROAD  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 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 NAAB, SUSAN  
STREET ADDRESS 836 6TH STREET, NW  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VD ☐ Delete  
NAME LANG, JEAN  
STREET ADDRESS 836 6TH STREET, NW  
CITY-ST-ZIP WINTER HAVEN FL

TITLE SD ☐ Delete  
NAME NAAB, RUSSELL  
STREET ADDRESS 836 6TH STREET, NW  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Susan Naab*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

863-299-9467

Daytime Phone #