

2005 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90341 033 ***150.00

DOCUMENT # V22152

1. Entity Name

MIKE'S AMERICAN-ITALIAN CATERED AFFAIR, INC.



Principal Place of Business

836 6TH STREET, NW
WINTER HAVEN FL 33881
US

Mailing Address

836 6TH STREET, NW
WINTER HAVEN FL 33881
US

50040268

2. Principal Place of Business

3. Mailing Address

6750 WINTERSET GARDENS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER HAVEN, FL

Zip

Country

Zip

33884

Country

FL

4. FEI Number

65-0327531

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAAB, SUSAN
3434 SHERRY ROAD
WINTER HAVEN FL 33881

Name

GERALD E. BAIER

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

6750 WINTERSET GARDENS ROAD

City

WINTER HAVEN

FL

Zip Code

33884-3150

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

GERALD E. BAIER

[Signature]

3-3-05

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAAB, SUSAN	
STREET ADDRESS	836 6TH STREET, NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANG, JEAN	
STREET ADDRESS	836 6TH STREET, NW	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NAAB, RUSSELL	
STREET ADDRESS	836 6TH STREET, NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD STEVEN BAIER	
STREET ADDRESS	6750 WINTERSET GARDENS RD.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884-3150	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD E. BAIER	
STREET ADDRESS	6750 WINTERSET GARDENS RD.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884-3150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GERALD E. BAIER

3-3-05

863-324-6084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #