

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90043 030 ***150.00

DOCUMENT # V69443

1. Entity Name
MIKAN DISTRIBUTING, INC.



Principal Place of Business
**2052 GUAVA DRIVE
EDGEWATER, FL 32141 US**

Mailing Address
**P.O. BOX 533
EDGEWATER, FL 32132 US**

34009871



01272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3142533

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

BROWN, MICHAEL J
~~**1523 TRAVELERS PALM DRIVE**~~ **3708 S. Atlantic Ave.**
~~**EDGEWATER, FL 32132**~~ **New Smyrna Bch, FL**
32169

Name
Street Address (P.O. Box Number is Not Acceptable)
3708 S. Atlantic Ave.
City **New Smyrna Beach** **FL** Zip Code **32169**

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

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 **VSD** ☐ Delete
NAME **BROWN, JOANNE C.**
STREET ADDRESS **3708 S ATLANTIC AVE**
CITY - ST - ZIP **NEW SMYRNA BEACH, FL 32169**

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

TITLE **PTD** ☐ Delete
NAME **BROWN, MICHAEL J.**
STREET ADDRESS **3708 S ATLANTIC AVE**
CITY - ST - ZIP **NEW SMYRNA BEACH, FL 32169**

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

TITLE ☐ Delete
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CITY - ST - ZIP

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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

Michael J Brown **1/27/04** **386-428-0155**

Date

Daytime Phone #