

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90031 039 \*\*\*150.00

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01232007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # V69443</b>	
1. Entity Name <b>MIKAN DISTRIBUTING, INC.</b>	

Principal Place of Business <b>2052 GUAVA DRIVE EDGEWATER, FL 32141 US</b>	Mailing Address <b>P.O. BOX 533 EDGEWATER, FL 32132 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>BROWN, MICHAEL J 3708 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>VSD</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, JOANNE C.</b>
STREET ADDRESS	<b>3708 S ATLANTIC AVE</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32169</b>
TITLE	<b>PTD</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, MICHAEL J.</b>
STREET ADDRESS	<b>3708 S ATLANTIC AVE</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32169</b>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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 exemptions contained in Chapter 119, 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:** *Michael Brown* **MICHAEL BROWN PRES** **3-10-07** **386 428-0155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #