

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 014 ***158.75

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**

4000706J



04092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

906 ARCHIE DR

3. Mailing Address

906 ARCHIE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW SMYRNA BEACH FL

City & State
NEW SMYRNA BEACH FL

4. FEI Number
59-3142533

Applied For
☐ Not Applicable

Zip
32168

Country
USA

Zip
32168

Country
USA

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
3708 S. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169**

Name **BROWN - MICHAEL - J - - - - -**

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

906 ARCHIE DR

City **NEW SMYRNA BEACH FL** Zip Code **32168**

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 *Michael J Brown* Pres **MICHAEL J BROWN** 4-9-08
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, 2008 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 **VSD** ☒ Change ☐ Addition
NAME **BROWN JOANNE C**
STREET ADDRESS **906 ARCHIE DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE **PTD** ☒ Change ☐ Addition
NAME **BROWN MICHAEL J**
STREET ADDRESS **906 ARCHIE DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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 J Brown* Pres **MICHAEL BROWN** 4-9-08 3863 547-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #