2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H60913

1. Entity Name
MICHELSON DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
351 MALLARD RD	351 MALLARD RD
FORT LAUDERDALE, FL 33324-1124 US	FORT LAUDERDALE, FL 33324-1124 US

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2549062	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHELSON, BRUCE
351 MALLARD RD
FT LAUDERDALE, FL 33327-1124

DO NOT WRITE IN THIS SPACE

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 _Bruce_ BRUCE MICHELSON   1/13/2005

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

U00000213443
02/03/05-80070-007 150.00

TITLE	DPT
NAME	MICHELSON, EDWARD
STREET ADDRESS	2427 TARGHEE PT
CITY-ST-ZIP	LAFAYETTE, CO 800263447

TITLE	DS
NAME	MICHELSON, ROGER
STREET ADDRESS	1006 W BROADVIEW DRIVE
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154

TITLE	DV
NAME	MICHELSON, BRUCE
STREET ADDRESS	351 MALLARD RD
CITY-ST-ZIP	FT LAUDERDALE, FL 333271124

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ EDWARD MICHELSON 1/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #