

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004303

FILED
Mar 08, 2005
Secretary of State

Entity Name: MICHAEL'S MESSAGE, INC.

Current Principal Place of Business:

7506 ROBERTS ROAD
FT. PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

POM BOX 690453
VERO BEACH, FL 32969

New Mailing Address:

FEI Number: 59-3643374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALUMBAUGH, DEBRA
7506 ROBERTS ROAD
FT. PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: ALUMBAUGH, DEBRA
Address: 7506 ROBERTS ROAD
City-St-Zip: FT. PIERCE, FL 34951

Title: O () Delete
Name: ALUMBAUGH, BRADLEY
Address: 7506 ROBERTS ROAD
City-St-Zip: FT. PIERCE, FL 34951

Title: D () Delete
Name: OFFUTT, HARRY
Address: 3003 CARDINAL DR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: BUSCH, PETER W
Address: 5300 GLADES CUT OFF ROAD
City-St-Zip: FT. PIERCE, FL 34981 US

Title: D () Delete
Name: XX, XX X
Address: XX XXXX
City-St-Zip: XXXX XX, XX XXXXX XX

Title: D () Delete
Name: REYMANN, GREGORY
Address: 3545 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, MELISSA
Address: 414 S. LANCELOT AVENUE
City-St-Zip: ORLANDO, FL 32835 XX

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA ALUMBAUGH

O

03/08/2005

Electronic Signature of Signing Officer or Director

Date