

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 020 \*\*\*150.00

**DOCUMENT # P03000003429**

1. Entity Name  
**MARC-MICHAELS DEVELOPMENT CO., INC.**



Principal Place of Business  
**720 W. MORSE BLVD.  
WINTER PARK, FL 32789**

Mailing Address  
**720 W. MORSE BLVD.  
WINTER PARK, FL 32789**

**00014031**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0444549**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~PRATT, PAULA E~~  
~~250 PARK AVENUE SOUTH, 5TH FLOOR~~  
~~WINTER PARK, FL 32789~~  
**WHWW, INC.**  
**390 N. Orange Ave.**  
**Suite 1500**  
**Orlando, FL 32801**

**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 By: Deborah Fricke, VP 1/27/06  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ABBOTT, MICHAEL
STREET ADDRESS	720 W. MORSE BLVD.
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	THEE, S. MARC
STREET ADDRESS	720 W. MORSE BLVD.
CITY - ST - ZIP	WINTER PARK, FL 32789
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 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06

Date

Daytime Phone #