

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90235 025 ***150.00

DOCUMENT # 273393

1. Entity Name
MICHELONI PROPERTIES INC



Principal Place of Business
**1143 S. KANSAS AVE.
GROVELAND, FL 34736**

Mailing Address
**1143 SOUTH KANSAS AVE.
GROVELAND, FL 34736 US**

50020626



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1030175

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GERACI, JANE
1143 S. KANSAS AVE.
GROVELAND, FL 34736**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GERACI, JANE ☐ Delete
STREET ADDRESS 1143 S. KANSAS AVE
CITY-ST-ZIP GROVELAND, FL 34736

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

TITLE VD
NAME GERACI, RUDY ☐ Delete
STREET ADDRESS 1143 S KANSAS AVE
CITY-ST-ZIP GROVELAND, FL

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

TITLE SD
NAME GERACI, MICHELE ☐ Delete
STREET ADDRESS ~~8937 BATH AVE CIRCLE EAST~~
CITY-ST-ZIP BRADENTON, FL 34202

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9940 Cherry Hills Avenue Circle**
CITY-ST-ZIP

TITLE TD
NAME GERACI, ANITA ☐ Delete
STREET ADDRESS 1114 S MAIN AVE
CITY-ST-ZIP GROVELAND, FL 34736

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Jane Geraci* **JANE Geraci**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 **352-429-2992**
Date Daytime Phone #