2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-18-2005 90297 002 ***150.00
615499

FILED
05 APR 29 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 615499

1. Entity Name
ERIN-MICHELLE, INC.

Principal Place of Business	Mailing Address
2435 US HWY 19 SUITE 350 HOLIDAY, FL 34691 US	2435 US HWY 19 SUITE 350 HOLIDAY, FL 34691 US

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8335 CAMBRIA COURT	P.O. BOX 959
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State: ELFERS, FL
Zip: 34653 Country	Zip: 34680 Country

4. FEI Number: 59-2522301 ☐ Applied For ☐ Not Applicable

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
FIGURSKI, GERALD A. 2435 US HWY 19 SUITE 350 HOLIDAY, FL 34691	Name Street Address (P.O. Box Number is Not Acceptable): THE OAKS AT PERRINE RANCH 2550 PERMIT PLACE City: NEW PORT RICHEY FL Zip Code: 34655

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREENE, DAVID R. 8335 CAMBRIA COURT NEW PORT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GREENE, HOWARD R. 8835 VOLUNTEER DRIVE NEW PORT RICHEY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GREENE, JERRI 8335 CAMBRIA COURT NEW PORT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE, ERIN 8835 VOLUNTEER DR NEW PORT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ JERRI GREENE 3/24/05 727/376-0939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #