2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F16938 1. Entity Name MICHAN CORPORATION				Feb 26, 2005 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing Address		
P O BOX 10 UMATILLA I US		P O BOX 1070 UMATILLA FL 32784 US		I INNINEE AND HER SING BUILD AND AND AND AND AND AND AND AND AND AN
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
-	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
GRAHAM, JESSE E.			Name	
280 CANTON AVENUE W. #200 WINTER PARK FL 32789			Street Address	s (P.O. Box Number is Not Acceptable)
WINTER FAIRTE 32709			City	FL Zip Code
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regisi	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	terio e i regionale agoriti			- ·
SIGNATURE .	Signature, typed or printed name of registered agent an	ot title it applicable (NOTE,	Registered Agent signature requi	red when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 (Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Fees
10.	OFFICERS AND E		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	WATERS, RICHARD L. 171 PAVE MCLURE CT		NAME STREET ADDRESS	U00000245080 02/28/05-80011-007 150.00
CITY ST-ZIP	CASSEL BERRY FL	<u></u>	CHTY-ST-ZIP	
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STREET ADDRESS	171 PAVE MCCLURE CT		STREET ADDRESS	
CITY ST-ZIP	CASSEL BERRY FL			
TITLE NAME			CITY ST-ZIF	
		☐ Delete	CITY ST-ZIP TITLE NAME	☐ Change ☐ Addiffic
STREET ADDRESS CHY+ST-ZIP		☐ Delete	TITLE	☐ Change ☐ Ari-lillir
CHY-ST-ZIP		☐ Delete	TITLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Addition
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12. Thereby certify that the information supplied with this filling 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.