
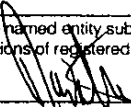
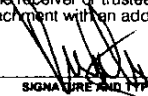


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90061 034 ***150.00

DOCUMENT # F16938 1. Entity Name MICHAN CORPORATION					
Principal Place of Business P O BOX 1070 UMATILLA, FL 32784 US			Mailing Address P O BOX 1070 UMATILLA, FL 32784 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GRAHAM, JESSE E 280 CANTON AVENUE W. #200 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name RICHARD L. WATERS Street Address (P.O. Box Number is Not Acceptable) 23100 SE HWY 42 City UMATILLA FL Zip Code 32784	
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  RICHARD L. WATERS DPV DATE 2/1/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPV WATERS, RICHARD L. 171 PAVE MCLURE CT CASSEL BERRY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV WATERS, RICHARD L. 23100 SE HWY 42 UMATILLA, FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, MARTINE D. 171 PAVE MCLURE CT CASSEL BERRY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, MARTINE D. 23100 SE HWY 42 UMATILLA, FL 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  RICHARD L. WATERS DPV DATE 2/1/08 (352) 669-7435 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					