


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90172 019 ***150.00

DOCUMENT # F45325 1. Entity Name MICHI'S ARTS & CRAFTS, INC.	
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Principal Place of Business 15091 S TAMiami TRAIL UNIT 101 FORT MYERS, FL 33908 US	Mailing Address 15091 S TAMiami TRAIL UNIT 101 FORT MYERS, FL 33908 US
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14003682



2. Principal Place of Business 775 S. ENTRADA DR Suite, Apt. #, etc.	3. Mailing Address 775 S. ENTRADA Suite, Apt. #, etc.
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04222005 Chg-P CR2E034 (10/03)

City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33919	Country USA

4. FEI Number 59-2126203	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent LEGER, JR., LEE H. 15091 S TAMiami TRAIL UNIT 101 FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 <u><i>Michiko F. Leger, President 4/22/05</i></u> MICHIKO F. LEGER <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reconstituting)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEGER, MICHIO F. 15091 S TAMiami TRAIL UNIT 101 FORT MYERS, FL 33908 <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	VD LEGER, LEE H., JR. 15091 S TAMiami TRAIL UNIT 101 FORT MYERS, FL 33908 <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	D LEGER, MICHIO F. 15091 S TAMiami TRAIL FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u><i>Michiko F. Leger, President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><i>4/22/05</i></u> <small>Daytime Phone #</small>