

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F45325

1. Entity Name  
MICHI'S ARTS & CRAFTS, INC.



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

2. Principal Place of Business

775 S. ENTRADA DR

3. Mailing Address

775 S. ENTRADA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33919

Country

USA

Zip

33919

Country

USA

4. FEI Number

59-2126203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEGER, JR., LEE H.  
15091 S TAMiami TRAIL  
UNIT 101  
FORT MYERS, FL 33908

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 *Michiko & Leger, President 4/22/05*

Signature, typed or printed name required. Print last name 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 NAME STREET ADDRESS CITY-ST-ZIP	PST LEGER, MICHIKO 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, MICHIKO 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
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 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: *Michiko & Leger, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

Date

Daytime Phone #

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

04-28-2005 90172 019 \*\*\*150.00

14003682



04222005 Chg-P CR2E034 (10/03)