

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90013 010 ***150.00

DOCUMENT # H60913

1. Entity Name
MICHELSON DEVELOPMENT CORP.



Principal Place of Business
**351 MALLARD RD
FORT LAUDERDALE, FL 33324-1124 US**

Mailing Address
**351 MALLARD RD
FORT LAUDERDALE, FL 33324-1124 US**

40022841



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2549062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICHELSON, BRUCE
351 MALLARD RD
FT LAUDERDALE, FL 33327-1124**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MICHELSON, EDWARD
STREET ADDRESS	2427 TARGHEE PT
CITY-ST-ZIP	LAFAYETTE, CO 800263447
TITLE	DS
NAME	MICHELSON, ROGER
STREET ADDRESS	1006 W BROADVIEW DRIVE
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	DV
NAME	MICHELSON, BRUCE
STREET ADDRESS	351 MALLARD RD
CITY-ST-ZIP	FT LAUDERDALE, FL 333271124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06

954-347-7164