


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/26/

FILED
Mar 01, 2006 8:00 am
Secretary of State

01-26-2006 90046 029 ***150.00

DOCUMENT # J25591 1. Entity Name VAN MICHAEL, INC.	
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Principal Place of Business 6951 GALL BLVD ZEPHYRHILLS, FL 33542 US	Mailing Address 6951 GALL BLVD ZEPHYRHILLS, FL 33542 US
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DO NOT WRITE IN THIS SPACE

66003197



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2706886	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**VANATER, THOMAS W JR
6151 SILVER OAKS DR
ZEPHYRHILLS, FL 33541**

**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 Thomas Vanater (NOTE: Registered Agent signature required when re-registering) DATE 1-4-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VANATER, THOMAS W., JR. 6151 SILVER OAKS DR ZEPHYRHILLS, FL 33541
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**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: [Signature] DATE 2-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #