

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90169 048 \*\*\*150.00

**DOCUMENT # J30839**

1. Entity Name  
**PHILIP MICHAEL AND ASSOCIATES, INC.**



Principal Place of Business 400 S. FEDERAL HWY Mailing Address  
~~4016 S FEDERAL HWY~~ HWY ~~4016 S FEDERAL HWY~~  
BOYNTON BCH, FL 33435 US #401 BOYNTON BCH, FL 33435 US



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2712618**

Applied For  
Not Applicable

atus Desired ☐ **\$8.75** Additional  
Fee Required

**WOOLLEY, THOMAS J JR ES**  
**639 E OCEAN AVE**  
**SUITE 408**  
**BOYNTON BEACH, FL 33435**

**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 use if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>BARLAGE, PHILIP L.</b> <b>35 ANNA STREET</b> <b>OCEAN RIDGE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARLAGE, PHILIP L.</b> <b>35 ANNA STREET</b> <b>OCEAN RIDGE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 561-232-4197

Date

Daytime Phone #