

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90155 043 ***150.00

DOCUMENT # J36259

1. Entity Name
MICHAEL'S PAINT & BODY, INC.



Principal Place of Business

% MICHAEL ALSUP
1041 AMBER RD.
ORLANDO, FL 32807

Mailing Address

% MICHAEL ALSUP
1041 AMBER RD.
ORLANDO, FL 32807



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2714153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALSUP, MICHAEL
1041 AMBER ROAD
ORLANDO,, FL 32792

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALSUP, MICHAEL
STREET ADDRESS 3781 CHARLESTON LOOP
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VD
NAME O'DONNELL, TOM
STREET ADDRESS 2729 ROSE MOSS LANE
CITY-ST-ZIP ORLANDO, FL 32807

TITLE VD
NAME ALSUP, DEBBIE
STREET ADDRESS 3781 CHARLESTON LOOP
CITY-ST-ZIP OVIEDO, FL 32765

TITLE STD
NAME O'DONNELL, DIANE
STREET ADDRESS 2729 ROSE MOSS LANE
CITY-ST-ZIP ORLANDO, FL 32807

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 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

Date

Daytime Phone #

4-7-05 407 281-8519