

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90167 010 ***150.00

DOCUMENT # J71403			
1. Entity Name MICHICA, INC.			
Principal Place of Business 126 SEMORAN COMMERCE PL APOPIA, FL 32703 US		Mailing Address 126 SEMORAN COMMERCE PL APOPIA, FL 32703 US	
MICHICA SALES			
2. Principal Office Address 4197 SEABOARD ROAD ORLANDO, FL 32808		3. Mailing Address MICHICA SALES 4197 SEABOARD ROAD ORLANDO, FL 32808	
City & State ORLANDO, FL 32808		City & State ORLANDO, FL 32808	
Zip 32808	Country USA	Zip 32808	Country USA
4. FEI Number 59-2796441		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL D. 2136 BLUE IRIS PL LONGWOOD, FL 32779		7. Name and Address of New Registered Agent 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: <u>Michael Johnson</u> DATE: _____			
FILE NUMBER FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Total Fund Contributions: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PVT JOHNSON, MICHAEL D.	☐ Delete	NAME PVT JOHNSON, MICHAEL D.	☐ Change ☐ Add/Remove
STREET ADDRESS 2136 BLUE IRIS PLACE		STREET ADDRESS 2136 BLUE IRIS PLACE	
CITY-STATE-ZIP LONGWOOD, FL 32779		CITY-STATE-ZIP LONGWOOD, FL 32779	
NAME PVT	☐ Delete	NAME PVT	☐ Change ☐ Add/Remove
STREET ADDRESS 2136 BLUE IRIS PLACE		STREET ADDRESS 2136 BLUE IRIS PLACE	
CITY-STATE-ZIP LONGWOOD, FL 32779		CITY-STATE-ZIP LONGWOOD, FL 32779	
NAME PVT	☐ Delete	NAME PVT	☐ Change ☐ Add/Remove
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CITY-STATE-ZIP LONGWOOD, FL 32779		CITY-STATE-ZIP LONGWOOD, FL 32779	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.			
SIGNATURE: <u>Michael Johnson</u>		4/15/04 407-293-3880 X100	

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Chg-P CR2E034 (10/03)