

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90005 009 ***158.75

DOCUMENT # P00000086450

1. Entity Name
MICHELLE ANDERSON, P.A.



Principal Place of Business
1271 NW 110TH AVE.
PLANTATION, FL 33322 US

Mailing Address
1271 NW 110TH AVE.
PLANTATION, FL 33322 US

54073324



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-7113705

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, MICHELLE
1271 NW 110TH AVE.
PLANTATION, FL 33322

**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

Michelle Anderson - Michelle Anderson

9-8-04

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, MICHELLE
STREET ADDRESS 489 N UNIVERSITY DR
CITY - ST - ZIP PLANTATION, FL 33322 *1271 NW 110th Ave
Plantation FL 33322*

TITLE VP
NAME ANDERSON, GREGG
STREET ADDRESS 7460 NW 4TH ST APT # 303
CITY - ST - ZIP PLANTATION, FL 33317 *1271 NW 110th Ave
Plantation FL 33322*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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:

Michelle Anderson PA

9-8-04

954-557-8660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #