

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00486

FILED
Jan 16, 2008
Secretary of State

Entity Name: MICHELS CORPORATION

Current Principal Place of Business:

817 W. MAIN ST.
BROWNSVILLE, WI 530060128 US

New Principal Place of Business:

Current Mailing Address:

817 W. MAIN ST.
P. O. BOX 128
BROWNSVILLE, WI 530060128 US

New Mailing Address:

FEI Number: 39-0970311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, JOHNSON, OWEN, MCGUIRE
SCOTT MURPHY
108 E. HILLCREST
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHELS, PATRICK D
Address: 817 W. MAIN ST.
City-St-Zip: BROWNSVILLE, WI 530060128 US

Title: T () Delete
Name: MICHELS, PATRICK D
Address: 817 W. MAIN ST.
City-St-Zip: BROWNSVILLE, WI 530060128 US

Title: S () Delete
Name: JOHNSON, BRIAN P
Address: N7430 NIAGARA LANE
City-St-Zip: FOND DU LAC, WI 549358858 US

Title: CEO () Delete
Name: MICHELS, RUTH L
Address: 817 W MAIN ST
City-St-Zip: BROWNSVILLE, WI 530060128 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN P. JOHNSON

S

01/16/2008

Electronic Signature of Signing Officer or Director

Date