

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90073 040 ***158.75

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P01000027643 1. Entity Name MRS. MICHELLE'S HOUSE INC. | | | | | |
| Principal Place of Business 2639 PALMETTO AVE SANFORD, FL 32773 | | | Mailing Address 2639 PALMETTO AVE SANFORD, FL 32773 | | |
| 2. Principal Place of Business 2639 Palmetto Ave Suite, Apt. #, etc. | | 3. Mailing Address 2639 Palmetto Ave Suite, Apt. #, etc. | | | |
| City & State Sanford Florida Zip 32773 | | City & State Sanford Florida Zip 32773 | | 4. FEI Number 30-0087344 30-0087374 Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PLYE, ALLEN 2634 SOUTH SANFORD AVE SANFORD, FL 32773 | | | 7. Name and Address of New Registered Agent Name Allen Pyle Street Address (P.O. Box Number is Not Acceptable) 2634 S. Sanford Ave. City Sanford FL Zip Code 32773 | | |
| 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 vice president 1/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PLYE, ALLEN R 2639 PALMETTO AVE SANFORD, FL 32773 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PLYE, JOYCE M 2639 PALMETTO AVE SANFORD, FL 32773 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| 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: (Joyce M. Pyle) 1/12/04 (407) 321-7635 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

n. 30-0087374

01122004 Chg-P CR2E034 (10/03)
MAKE CHANGE
 Applied For
☒ Not Applicable