

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90276 019 \*\*\*158.75

**DOCUMENT # P01000052083**

1. Entity Name  
**MICHLES & BOOTH, P.A.**



Principal Place of Business  
**240 E INTENDENCIA ST  
PENSACOLA, FL 32501**

Mailing Address  
**240 E INTENDENCIA ST  
PENSACOLA, FL 32501**

2. Principal Place of Business  
**240 E. INTENDENCIA ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 13367**  
Suite, Apt. #, etc.



04042006 Chg-P CR2E034 (11/05)

City & State  
**PENSACOLA, FL**  
Zip  
**32502**

Country  
**USA**

City & State  
**PENSACOLA, FL**  
Zip  
**32501**

Country  
**USA**

4. FEI Number  
**59-3719331**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MICHLES, MARCUS J. II  
240 E. INTENDENCIA STREET  
PENSACOLA, FL 32501**

**7. Name and Address of New Registered Agent**

Name **MICHLES, MARCUS J. II**  
Street Address (P.O. Box Number is Not Acceptable)  
**240 E. INTENDENCIA ST**  
City **PENSACOLA** FL Zip Code **32502**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MICHLES, MARCUS J II 240 E. INTENDENCIA STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIVITIS/DIC MICHLES, MARCUS J. II 240 E. INTENDENCIA ST PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marcus J. Michles II  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARCUS J. MICHLES II**

4/10/06 850-438-4848  
Date Daytime Phone #