## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## 04-02-2004 90032 007 \*\*\*150.00 DOCUMENT # P01000119019 G.J. MICHALOS CONST.CO., INC. 44023944 Principal Place of Business Mailing Address 2939 BURLINGTON AVE 2939 BURLINGTON AVE DELTONA, FL 32738 DELTONA, FL 32738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04-3588275 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINANCIAL DOUNDATIONS, INC. 3150 SANDY RIDGE DR Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33761 3220 DAKUEA DRIVE hity submits this statement for the purpose of chan 8. The above named ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MICHALOS, GEORGE J NAME NAME 2939 BURLINGTON AVE STREET ADDRESS STREET ADDRESS DELTONA, FL 32738 CITY-ST-ZIP CITY-ST-ZIP HILL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THUE Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter 607, or on an attachment with an address, with all other like empowered.

**FILED** 

Apr 02, 2004 8:00 am Secretary of State

Daytime Phone #