

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90123 019 ***150.00

DOCUMENT # P02000060170

1. Entity Name

MICHAELS LIMITED SALES INC.



Principal Place of Business

**450 STAN DRIVE UNIT 18
MELBOURNE FL 32904**

Mailing Address

**450 STAN DRIVE UNIT 18
MELBOURNE FL 32904**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2 Walapeg Rd.

Suite, Apt. #, etc.

Indian Harbour Beach

1st MOORE

CR2E034 (10/05)

City & State

City & State

Florida

4. FEI Number

02-0615749

Applied For

Not Applicable

Zip

Country

Zip

Country

32937

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GENSEN, BERNARDITA
450 STAN DRIVE UNIT 18
MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name

Bernardita A. Gensen

Street Address (P.O. Box Number is Not Acceptable)

2 Walapeg Rd.

City

Indian Harbour Beach

FL

Zip Code

32937

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

Bernardita A. Gensen **Bernardita A. Gensen**

2/20/06

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GENSEN, EDWARD**
STREET ADDRESS **1415 N HWY A1A UNIT 301**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Delete
NAME **GENSEN, BERNARDITA**
STREET ADDRESS **1415 N HWY A1A UNIT 301**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2 Walapeg Rd.**
CITY-ST-ZIP **Indian Harbour Beach, Fl. 32937**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2 Walapeg Rd.**
CITY-ST-ZIP **Indian Harbour Beach, Fl. 32937**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Edward Gensen **Pres**

2/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #