

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000069912
 1. Entity Name
 MICHAEL & MICHELLE, INC.



Principal Place of Business Mailing Address
 2525 EAST LAKE RD. 2525 EAST LAKE RD.
 PALM HARBOR, FL 34685 US PALM HARBOR, FL 34685 US

DO NOT WRITE IN THIS SPACE



08022004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 04-3721180 Not Applicable

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

6. Name and Address of Current Registered Agent
 KILISSANLY, PAUL
 5475 KARLSBURG PLACE
 PALM HARBOR, FL 34685

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JALO, MAROUN
STREET ADDRESS	5475 KARLSBURG PL.
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	V
NAME	JALLO, PAUL
STREET ADDRESS	9 OAK HILL DR
CITY - ST - ZIP	MONROE TOWNSHIP, NJ 08831
TITLE	V
NAME	KILISSANLY, PAUL E
STREET ADDRESS	5475 KARLSBURG PL
CITY - ST - ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Paul E. Kilissanly PAUL E. Kilissanly 9-16-04 727-642-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #