2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000127183

1. Entity Name
MICHAEL SARTORE, INC.

Principal Place of Business	Mailing Address
237 BEACH AVENUE ATLANTIC BEACH, FL 32233	237 BEACH AVENUE ATLANTIC BEACH, FL 32233

2. Principal Place of Business
535 South Street
Suite, Apt. #, etc.

3. Mailing Address
535 South Street
Suite, Apt. #, etc.

City & State *Neptune Beach, FL*
Zip *32266* Country *USA*

City & State *Neptune Beach, FL*
Zip *32266* Country *USA*

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1163810

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SARTORE, MICHAEL
237 BEACH AVENUE
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
535 South Street
City *Neptune Beach* FL Zip Code *32266*

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

DATE *4/30/04*

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPST NAME SARTORE, MICHAEL STREET ADDRESS 237 BEACH AVENUE CITY-ST-ZIP ATLANTIC BEACH, FL 32233	☐ Delete	TITLE NAME STREET ADDRESS *535 South Street* CITY-ST-ZIP *Neptune Beach, FL 32266*	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/30/04* Daytime Phone # *(904)553-3617*