

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90275 001 ***150.00

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1. Entity Name
MICHAEL LAMY INC.



Principal Place of Business
**2173 LAKE DEBRA DRIVE
APT 618
ORLANDO, FL 32835**

Mailing Address
**2173 LAKE DEBRA DRIVE
APT 618
ORLANDO, FL 32835**



2. Principal Place of Business
2500 Woodgate Blvd

3. Mailing Address
2500 Woodgate Blvd

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
Orlando FL

City & State
Orlando FL

Zip
32822

Country

Zip
32822

Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number
13-4266841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMY, MICHAEL
2173 LAKE DEBRA DRIVE
APT 618
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name
Michael Lamy
Street Address (P.O. Box Number is Not Acceptable)
2500 Woodgate Blvd #101
City **Orlando** **FL** Zip Code **32822**

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 **Michael Lamy**

Signature, typed or printed name of registered agent and agent if applicable

(NOTE: Registered Agent signature required when reinstating)

4/12/04
DATE

**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

TITLE **P** ☐ Delete
NAME **LAMY, MICHAEL**
STREET ADDRESS **2173 LAKE DEBRA DRIVE APT 618**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 **P** ☒ Change ☐ Addition
NAME **Michael, Lamy**
STREET ADDRESS **2500 Woodgate Blvd #101**
CITY-ST-ZIP **Orlando, FL 32822**

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

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

TITLE ☐ Change ☐ Addition
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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 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: **Michael Lamy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

Daytime Phone #