

**- 2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90073 029 ***150.00

DOCUMENT # P03000121967

1. Entity Name

MICHAEL COURY INC.



Principal Place of Business

13049 E. HWY 316
FT. MCCOY FL 32134

Mailing Address

13049 E. HWY 316
FT. MCCOY FL 32134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

41-2114406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURY, MICHAEL W
13049 E. HWY 316
FT. MCCOY FL 32134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Coury

Michael Coury

2/6/06

Signature, typed or printed name of registered agent and title if 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 ☐ Delete
NAME **P**
STREET ADDRESS **COURY, MICHAEL W**
CITY-ST-ZIP **13049 E. HWY 316**
FT. MCCOY FL 32134

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **COURY, BARBARA**
CITY-ST-ZIP **13049 E. HWY 316**
FT. MCCOY FL 32134

TITLE ☒ Delete
NAME **S.**
STREET ADDRESS **GRIFFEN, RONALD**
CITY-ST-ZIP **35620 SHELLY DRIVE**
LEESBURG FL 34788

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CORY II, MICHAEL W**
CITY-ST-ZIP **13049 E. HWY 316**
FT. MCCOY FL 32134

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
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME **Cory II Michael**
STREET ADDRESS **13049 E. Hwy 316**
CITY-ST-ZIP **FT McCoy, FL 32134**

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

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:

Michael Coury

Michael Coury

Date

2/6/06 (352) 408-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #