


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2004-90014-007-\$150.00-\$150.00

<b>DOCUMENT # P03000125836</b> 1. Entity Name <b>MICHAEL CHUCHIAN, INCORPORATED</b>					
Principal Place of Business <b>3726 SE 7TH STREET OCALA, FL 34471 US</b>			Mailing Address <b>3726 SE 7TH STREET OCALA, FL 34471 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CHUCHIAN, PATRICIA 3726 SE 7TH STREET OCALA, FL 34471</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHUCHIAN, MICHAEL 3726 SE 7TH STREET OCALA, FL 34471</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHUCHIAN, PATRICIA 4204 NE 7TH STREET OCALA, FL 34470</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHUCHIAN, LAURIE 3726 SE 7TH STREET OCALA, FL 34471</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Mueeee</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>9-6-04 352-427-9767</b> <small>Date Daytime Phone #</small>		

FILED  
04 OCT -5 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**24084394**



08312004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0362449** Applied For ☐ Not Applicable ☒

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

ATTACHMAN T24684394  
# P03000125836

MICHAEL CHUCHIAN, INCORPORATED  
3726 SW 7<sup>TH</sup> STREET  
OCALA, FLORIDA

August 31, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find the Uniform Business Report form for Michael Chuchian, Incorporated. Also enclosed is a check for \$150 that will cover the annual fee. We never received the first form.

We respectfully ask that the additional fee be waived due to the fact that we did not receive the necessary forms and the non-payment was purely an oversight.

Thank you for your attention to this matter.

Sincerely,

