

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154634

FILED
Mar 16, 2004
Secretary of State

Entity Name: MICHELLE R. STURGESS, INC.

Current Principal Place of Business:

8787 SOUTHSIDE BLVD, #2511
JACKSONVILLE, FL 32256

New Principal Place of Business:

8787 SOUTHSIDE BLVD
APT. 2511
JACKSONVILLE, FL 32256

Current Mailing Address:

8787 SOUTHSIDE BLVD, #2511
JACKSONVILLE, FL 32256

New Mailing Address:

8787 SOUTHSIDE BLVD
APT. 2511
JACKSONVILLE, FL 32256

FEI Number: 20-0521001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURGESS, MICHELLE R
8787 SOUTHSIDE BLVD, #2511
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

STURGESS, MICHELLE R
8787 SOUTHSIDE BLVD
APT. 2511
JACKSONVILLE, FL 32256

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/16/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: STURGESS, MICHELLE R
Address: 8787 SOUTHSIDE BLVD, #2511
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE R. STURGESS

DPTS

03/16/2004

Electronic Signature of Signing Officer or Director

Date