

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154634

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** MICHELLE R. STURGESS, INC.

**Current Principal Place of Business:**

8787 SOUTHSIDE BLVD  
APT. 2511  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8787 SOUTHSIDE BLVD  
APT. 2511  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

3709 SAN PABLO RD S  
APT. 2008  
JACKSONVILLE, FL 32224

**New Mailing Address:**

3709 SAN PABLO RD S  
APT. 2008  
JACKSONVILLE, FL 32224

**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  
APT. 2511  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

STURGESS, MICHELLE R  
3709 SAN PABLO RD S  
APT. 2008  
JACKSONVILLE, FL 32224 US

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: MICHELLE RENE STURGESS

04/14/2005

Electronic Signature of Registered Agent

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: DPTS (X) Change ( ) Addition  
Name: STURGESS, MICHELLE R  
Address: 3709 SAN PABLO RD S  
City-St-Zip: JACKSONVILLE, FL 32224

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 RENE STURGESS

DPTS

04/14/2005

Electronic Signature of Signing Officer or Director

Date