

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 09, 2005 08:00 AM  
Secretary of State

DOCUMENT # P35866

1. Entity Name  
TOM MICHAELS & ASSOCIATES, INC.



Principal Place of Business

2231 VICTORY LANE  
BIRMINGHAM, AL 35216

Mailing Address

P.O. BOX 360505  
BIRMINGHAM, AL 35236

DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0874709 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LONG, FRANK  
8500 Royal Palm Blvd.  
B626  
CORAL SPRINGS, FL 33065

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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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000295272  
04/09/05-80021-008 150.00

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MICHAELS, THOMAS D.  
STREET ADDRESS 2231 VICTORY LANE  
CITY-ST-ZIP BIRMINGHAM, AL

TITLE DS  
NAME MICHAELS, JUDITH V.  
STREET ADDRESS 2231 VICTORY LANE  
CITY-ST-ZIP BIRMINGHAM, AL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #