2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90637 040 ***150.00

DOCUMENT # P93000077500

1. Entity Name
MICHIANA COMPANY, INC.

14001795

02102004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2881 LACONCHA DR. CLEARWATER, FL 33762	2881 LACONCHA DR. CLEARWATER, FL 33762

2. Principal Place of Business	3. Mailing Address
9525 BLIND PASS RD	9525 BLIND PASS RD
Suite, Apt. #, etc. # 206	Suite, Apt. #, etc. # 206
City & State ST. PETE BCH, FL	City & State ST. PETE BCH, FL
Zip 33706 Country USA	Zip 33706 Country USA

4. FEI Number
59-3231368
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BYRNE, JOHN B 2881 LACONCHA DR. CLEARWATER, FL 33762	Name JOHN B. BYRNE Street Address (P.O. Box Number is Not Acceptable) 9525 BLIND PASS RD #206 City ST. PETE BCH, FL Zip Code 33706

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: _____ 05 APR. 2004
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BYRNE, JOHN B 2881 LACONCHA DR. CLEARWATER, FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-T-D JOHN B BYRNE 9525 BLIND PASS RD ST. PETE BCH, FL, 33706	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BYRNE, MARTHA H 2881 LACONCHA DR. CLEARWATER, FL 33762	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BYRNE, JULIA B 2881 LACONCHA DR. CLEARWATER, FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-S-D GEIB, JULIA BYRNE 21 BEACON HILL LN MILFORD, CT, 06460	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: _____ 05 April 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 727-643-7788