

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07/08/2005 90020 006 \*\*\*150.00  
P93000077500

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077500	
1. Entity Name MICHIANA COMPANY, INC.	



Principal Place of Business <del>9525 BLIND PASS RD</del> <del># 206</del> SAINT PETERSBURG BEACH, FL 33706	Mailing Address <del>9525 BLIND PASS RD</del> <del># 206</del> SAINT PETERSBURG BEACH, FL 33706
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2. Principal Place of Business 9495 BLIND PASS RD. # 407 St. Pete Beach, FL 33706 USA	3. Mailing Address 9495 BLIND PASS RD. # 407 St. Pete Beach, FL 33706 USA
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07052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3231368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BYRNE, JOHN B <del>9525 BLIND PASS RD</del> <del># 206</del> SAINT PETERSBURG, FL 33706	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9495 BLIND PASS RD. # 407 City St. Pete Beach, FL Zip Code 33706
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BYRNE, JOHN B 9525 BLIND PASS RD SAINT PETERSBURG BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRIB, JULIA B 21 BEACON HILL LN MILFORD, CT 06460 <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
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.

SIGNATURE: John B. Byrne 30.06.05 727-363-6094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

2/2

**MICHIANA COMPANY, INC**  
**9495 Blind Pass Rd., #407**  
**St. Pete Beach, Fla., 33706**

August 10, 2005

Florida Dept. of State  
P. O. Box 6327  
Tallahassee, Fla., 32314

Reference No. P93000077500

Gentlemen

We are in receipt of your notice that our Annual Report was not timely filed..

You will note that our address changed during the last year. There was some delay in the change by the U.S. Post Office, so we did not get the notification of the report due, and thus we filed the Annual Report late.

For that reason, we ask that you waive the \$400 late fee.

If you can not waive the late fee, please dissolve this corporation: we believe the amount of the late fee is outrageous, and would prefer to register in another state; and please return the \$150 filing fee for the current year.

Sincerely,



Michiana Company, Inc.  
John B. Byrne, President