

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077500

Entity Name: MICHIANA COMPANY, INC.

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

9495 BLIND PASS RD  
# 407  
ST. PETE BEACH, FL 33706

## Current Mailing Address:

9495 BLIND PASS RD  
# 407  
ST. PETE BEACH, FL 33706

## New Principal Place of Business:

9425 BLIND PASS RD  
# 403  
ST. PETE BEACH, FL 33706

## New Mailing Address:

9425 BLIND PASS RD  
# 403  
ST. PETE BEACH, FL 33706

FEI Number: 59-3231368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRNE, JOHN B  
9495 BLIND PASS RD  
# 407  
ST. PETE BEACH, FL 33706 US

## Name and Address of New Registered Agent:

BYRNE, JOHN B  
9425 BLIND PASS RD  
# 403  
ST. PETE BEACH, FL 33706 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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: BYRNE, JOHN B  
Address: 9495 BLIND PASS RD # 407  
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: VSD ( ) Delete  
Name: GEIB, JULIA B  
Address: 21 BEACON HILL LN  
City-St-Zip: MILFORD, CT 06460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: BYRNE, JOHN B  
Address: 9425 BLIND PASS RD # 403  
City-St-Zip: SAINT PETE BEACH, FL 33706

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 Chapter 119, 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: JOHN B.BYRNE

PTD

04/23/2007

Electronic Signature of Signing Officer or Director

Date