2004 FOR PROFIT CORPORATION ___ANNUAL-REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Aug 02, 2004 8:00 am — Secretary of State DOCUMENT # P95000030082 1. Entity Name 08-02-2004 90019 027 ***158.75 MICHAEL ANGELO CONSTRUCTION, INC. Principal Place of Business. Mailing Address 44051524 5815 N. HUBERT AVE. 5815 N. HUBERT AVE. **TAMPA FL 33614 TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State Applied For City & State 4. FEI Number 59-3298027 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOULING, KATHY L Street Address (P.O. Box Number is Not Acceptable) 308 E. BUFFALO AVENUE TAMPA FL 33603 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Addition MARTINEZ, ROBERT NAME NAME STREET ADDRESS 5815 N. HUBERT AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED



Atlacknest # 79500030082 44057524

MICHAEL ANGELO Construction Company Commercial / Residential 7311 Yardley Way Tampa, FL 33647 (813) 625-5933

To whom this may concern:

I spoke w/ Barbara. on 7-22-04 Because I Have
Recieved a notice of Intent To Dissolve.

She said to send pynit of 150. plus this
Letter Explaining that I had not Recurred
Report form. Hopefully this will resolve this
1550F. Please call me if there is a problem @
813-625-5933

THANK you

Robert Martines