

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90001 039 \*\*\*150.00

**DOCUMENT # P95000043535**

1. Entity Name

MICHAEL'S EMPORIUM FOR HAIR & ANTIQUES, INC.



Principal Place of Business

200 S SPRING GARDEN AVE  
DELAND, FL 32730

Mailing Address

200 S SPRING GARDEN AVE  
DELAND, FL 32730

**54067111**



07222004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3321907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARINO, MICHAEL J JR.  
1031 CAMPHOR LN  
DELAND, FL 32720

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MARINO, MICHAEL J JR.  
STREET ADDRESS 1031 CAMPHOR LN  
CITY-ST-ZIP DELAND, FL 32720

TITLE VD  
NAME MARINO, LORENA M  
STREET ADDRESS 1031 CAMPHOR LN  
CITY-ST-ZIP DELAND, FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
54067111  
# P95000043535

July 29, 2004

Division of Corporations  
P.O. Box 6198  
Tallahassee, Fl. 32314-6198

Gentlemen:

I am enclosing the Annual Report for Michael's Emporium for Hair & Antiques, Inc.  
along with a check for the \$150.00 fee.

I did not receive a renewal form in the mail and was unaware of the filing deadline.

Sincerely,



Michael Marino  
President