

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90067 008 ***150.00

DOCUMENT # P96000056626

1. Entity Name

L.J. MICHAEL'S, INC.



Principal Place of Business

15619 PREMIERE DR. STE. 101
TAMPA FL 33624

Mailing Address

15619 PREMIERE DR. STE. 101
TAMPA FL 33624

04029893

16586

2. Principal Place of Business

16586 N. DALE MARBY HWY,
Suite, Apt. #, etc.

3. Mailing Address

16586 N. DALE MARBY HWY
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3396423

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

ARNDT, MICHAEL
15619 PREMIERE DR. STE. 101
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ARNDT, MICHAEL
STREET ADDRESS 15619 PREMIERE DR. STE. 101
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ Delete
NAME ARNDT, LAVEA L
STREET ADDRESS 15619 PEACHTREE DR #101
CITY-ST-ZIP TAMPA FL 33624
Correct Name & Address

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME THIS IS A CORRECTION ONLY
STREET ADDRESS NAME & ADDRESS PRINTED WRONG.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ARNDT, LAURA
STREET ADDRESS 16586 N. DALE MARBY HWY.
CITY-ST-ZIP TAMPA, FL 33618
**CORRECTION*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04 813-968-2261

Date

Daytime Phone #