

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000071424

1. Entity Name
MICHAELS PROJECT, INC.



FILED

08 OCT -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202008 Chg-P CR2E034 (12/06)

Principal Place of Business
2 WALAPEG RD
INDIAN HARBOUR BEACH, FL 32937

Mailing Address
4182 CHELAN DR.
MELBOURNE, FL 32934

2. Principal Place of Business - No P.O. Box #
4182 Chelan Dr.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State
Zip
32934 USA

4. FEI Number
59-3396285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GENSEN, BERNARDITA
2 WALAPEG RD
INDIAN HARBOUR BEACH, FL 32937

7. Name and Address of New Registered Agent

Name --
Street Address (P.O. Box Number is Not Acceptable)
4182 Chelan Dr.
City Melbourne FL Zip Code 32934

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 Bernardita A. Gensen Bernardita A. Gensen 9/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GENSEN, EDWARD
STREET ADDRESS 1101 9TH SQUARE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D ☐ Delete
NAME GENSEN, BERNARDITA A
STREET ADDRESS 4182 CHELAN DR.
CITY-ST-ZIP MELBOURNE, FL 32934

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
STREET ADDRESS
CITY-ST-ZIP
000136581170
10/02/08--01048--013 **\$1.25

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained 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 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: Bernardita A. Gensen Bernardita A. Gensen 9/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #