

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90020 024 ***150.00

DOCUMENT # P97000025655

1. Entity Name
PHOTOGRAPHY BY MICHAEL SIEGEL, INC.



Principal Place of Business
**1639 FATIMA CT
SEBASTIAN, FL 32958**

Mailing Address
**1639 FATIMA CT
SEBASTIAN, FL 32958**

54063914



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0770263

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIEGEL, MICHAEL
1639 FATIMA CT
SEBASTIAN, FL 32958**

**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 **P**
NAME **SIEGEL, MICHAEL**
STREET ADDRESS **1639 FATIMA CT**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 #

Michael Siegel **Michael Siegel** 7-16-04 (72) 388-3878

Attachment

526063914
#P97000025655

Photography By Michael Siegel inc.
1639 Fatima Court
Sebastian, Fl. 32958
Phone: (772) 388-3878

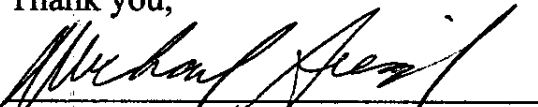
To: Division of Corporations

7-16-04

Please accept this payment of \$150.00.

I never received this form in the mail for this year. I have always been on time with my report since my inception 10 years ago.

Thank you,


Michael Siegel - President -