

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90044 014 ***150.00

DOCUMENT # P97000056924

1. Entity Name

MICHELLE PAYETTE, INC.



Principal Place of Business

499 W. S.R. 434 #1029
ALTAMONTE SPRINGS FL 32714

Mailing Address

499 W. S.R. 434 #1029
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

409 Montgomery Rd.
Suite, Apt. #, etc.
Suite #151

City & State
Altamonte Spgs. FL

Zip Country
32714 USA

3. Mailing Address

409 Montgomery Rd.
Suite, Apt. #, etc.
Suite #151

City & State
ALTAMONTE SPGS., FL

Zip Country
32714 USA



MOORE CR2E034 (11/03)

4. FEI Number 59-3453950

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELCH, MICHELLE-LYNNE
499 N. S.R. 434
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name michelle-lynn Payette
Street Address (P.O. Box Number is Not Acceptable)
409 Montgomery Rd.
City ALT SPGS FL Zip Code 32714

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 *Michelle-Lynne Payette*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DPST
NAME PAYETTE, MICHELLE ☐ Delete
STREET ADDRESS 499 W. SR 434 SUITE #1029
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 409 Montgomery Rd #151
CITY-ST-ZIP

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

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 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: *Michelle-Lynne Payette* michelle-lynn Payette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-682-7786