

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034442

Entity Name: HOUSE OF MICHAELS, INC.**Current Principal Place of Business:**11434 CALVERT STREET
#6
NORTH HOLLYWOOD, CA 91606**Current Mailing Address:**805 59TH S
GULFPORT, FL 33707**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASTINGS, DAVID C
2207 54TH ST S
GULFPORT, FL 33707 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	BOLEN, MICHAEL
Address	805 59TH ST S
City-State-Zip:	GULFPORT FL 33707

Title	ST
Name	BOLEN, MICHAEL
Address	805 59TH STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	VP
Name	WILLMAR, MICHAEL ALLEN
Address	805 59TH STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	EXECUTIVE SECRETARY
Name	SAGE, CHURYL A
Address	3101 31ST STREET SOUTH
City-State-Zip:	ST.PETERSBURG FL 33711

Title	CFO
Name	WILLMAR, KAREN
Address	811 59TH STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	COO
Name	NEWBERRY, JASON
Address	805 59TH STREET SOUTH
City-State-Zip:	GULFPORT FL 33707

Title	CORRESPONDING SECRETARY
Name	SILAS, MICHAEL
Address	11434 CALVERT STREET 6
City-State-Zip:	NORTH HOLLYWOOD CA 91606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL BOLEN

PD

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date