

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000034442

**Entity Name:** HOUSE OF MICHAELS, INC.

**Current Principal Place of Business:**

4301 34TH STREET SOUTH  
SAINT PETERSBURG, FL 33711

**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 ST S  
City-State-Zip: GULFPORT FL 33707

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

Title EXECUTIVE SECRETARY  
Name SAGE, CHURYL A  
Address 4301 34TH ST  
City-State-Zip: ST.PETERSBURG FL 33711

Title CFO  
Name WILLMAR, KAREN  
Address 4301 34TH ST S  
City-State-Zip: ST.PETERSBURG FL 33711

Title CHAIRMAN  
Name CARRASQUILLO, DEBRA  
Address 4301 34TH ST S  
City-State-Zip: ST.PETERBURG FL 33711

Title COO  
Name NEWBERRY, JASON  
Address 4301 34TH STREET SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33711

Title CORRESPONDING SECRETARY  
Name SILAS, MICHAEL  
Address 4301 34TH STREET SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33711

*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**

**04/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date