### 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034442

Entity Name: HOUSE OF MICHAELS, INC.

### **Current Principal Place of Business:**

5501 70TH AVE #18 PINELLAS PARK, FL 33781

## **Current Mailing Address:**

805 59TH S GULFPORT, FL 33707

## FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

HASTINGS, DAVID C 2207 54TH ST S GULFPORT, FL 33707 US FILED Mar 21, 2023 Secretary of State 4071808394CC

Date

Certificate of Status Desired: Yes

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

# Officer/Director Detail :

| Officer/Director Detail : |                 |                           |                     |                         |  |
|---------------------------|-----------------|---------------------------|---------------------|-------------------------|--|
|                           | Title           | PD                        | Title               | ST                      |  |
|                           | Name            | BOLEN, MICHAEL            | Name                | BOLEN, MICHAEL          |  |
|                           | Address         | 805 59TH ST S             | Address             | 805 59TH STREET SOUTH   |  |
|                           | City-State-Zip: | GULFPORT FL 33707         | City-State-Zip:     | GULFPORT FL 33707       |  |
|                           | Title           | VP                        | Title               | EXECUTIVE SECRETARY     |  |
|                           | Name            | WILLMAR, MICHAEL ALLEN    | Name                | SAGE, CHURYL A          |  |
|                           | Address         | 805 59TH STREET SOUTH     | Address             | 805 59TH S              |  |
|                           | City-State-Zip: | GULFPORT FL 33707         | City-State-Zip:     | GULFPORT FL 33707       |  |
|                           | Title           | CFO                       | Title               | COO                     |  |
|                           | Name            | WILLMAR, KAREN            | Name                | NEWBERRY, JASON         |  |
|                           | Address         | 805 59TH S                | Address             | 805 59TH STREET SOUTH   |  |
|                           | City-State-Zip: | GULFPORT FL 33707         | City-State-Zip:     | GULFPORT FL 33707       |  |
|                           | Title           | CORRESPONDING SECRETARY   | Title               | CHAIRMAN                |  |
|                           |                 |                           | Name                | SALERNO, ANTHONEY JAMES |  |
|                           | Name            | SILAS, MICHAEL            | Address             | 805 59TH S              |  |
|                           | Address         | 11434 CALVERT STREET<br>6 | City-State-Zip:     |                         |  |
|                           | City-State-Zip: | NORTH HOLLYWOOD CA 91606  | City-State-Zip.     | GULFFORT FL 33/0/       |  |
|                           | , r             |                           | Continues on page 2 |                         |  |
|                           |                 |                           |                     |                         |  |

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: M | IICHAEL BOLEN | PD | 03/21/2023 |
|--------------|---------------|----|------------|
|              |               |    |            |

Electronic Signature of Signing Officer/Director Detail

#### **Officer/Director Detail Continued :**

TitleVCNameROBERSON, LYNN RAddress805 59TH SCity-State-Zip:GULFPORT FL 33707