

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000034442

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

**Current Principal Place of Business:**

805 59TH S  
GULFPORT, FL 33707

**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 COO  
Name SILAS, MICHAEL L  
Address 805 59TH S  
City-State-Zip: GULFPORT FL 33707

*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**

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date