2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90865

Entity Name: MIKE MCGONIGLE, INC.

FILED Mar 18, 2009 Secretary of State

49 ZAMORA ST. 78 MASTERS DRIVE

ST. AUGUSTINE, FL 32095 ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

49 ZAMORA ST. 78 MASTERS DRIVE

ST. AUGUSTINE, FL 32095 ST. AUGUSTINE, FL 32084

FEI Number: 59-3139060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGONIGLE, W. MICHAEL
49 ZAMORA ST.
MCGONIGLE, W. MICHAEL
127 MAGNOLIA DRIVE

ST. AUGUSTINE, FL 32084 US EAST PALATKA, FL 32131 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: 03/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DOP () Delete
Name: MCGONIGLE, W. MICHAE, L

Address: 49 ZAMORA ST.
City-St-Zip: ST. AUGUSTINE, FL

Title: VP () Delete
Name: MCGONIGLE, PAMELA,

Address: 49 ZAMORA ST. City-St-Zip: ST. AUGUSTINE, FL

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DOP (X) Change () Addition
Name: MCGONIGLE, W. MICHAE, L
Address: 127 MAGNOLIA DRIVE
City-St-Zip: EAST PALATKA, FL 32131

Title: VP (X) Change () Addition

Name: MCGONIGLE, DAVID M.,
Address: 100 BAY BRIDGE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SEC () Change (X) Addition
Name: MCGONIGLE, PAMELA F SEC
Address: 127 MAGNOLIA DRIVE
City-St-Zip: EAST PALATKA, FL 32131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: W.MICHAEL MCGONIGLE RA 03/18/2009