


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90015 041 \*\*\*550.00

**DOCUMENT # P05000004045**

1. Entity Name  
**MY GIRL ENTERPRISES, INC.**



Principal Place of Business <b>6684 27TH WAY NORTH          ST. PETERSBURG, FL 33702</b>	Mailing Address <b>6684 27TH WAY NORTH          ST. PETERSBURG, FL 33702</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

**STOVER, POLLY A**  
**6684 27TH WAY NORTH**  
**ST. PETERSBURG, FL 33702**



05152006 Chg-P CR2E034 (11/05)

4. FEI Number <b>32-0137002</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	<b>FL</b>	Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STOVER, POLLY ANN</b>	
STREET ADDRESS	<b>6684 27TH WAY NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33702</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STOVER, JOSEPH T</b>	
STREET ADDRESS	<b>6684 27TH WAY NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33702</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Polly A. Stover* **Polly A. STOVER** 5-15-06 727-522-3189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40092810  
#P05000004045

May 15, 2006

Division of Corporations  
2670 Executive Center Circle  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: My Girl Enterprises, Inc.

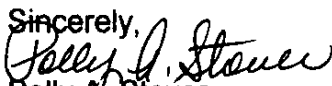
Dear Sir or Madam:

I would like to request that you reconsider our case and circumstances. In my reminder file, I had placed my notice to renew the corporation's Annual Report for June 1, in error. I have never had a corporation or done all of the paperwork before, and I can't afford to hire a secretary.

My husband & I are both retired, he is disabled & a Veteran, (I retired from the State of Florida), and he is disabled. We could not live on our retirement incomes, and realized we would have to do something to increase them or wind up on the welfare system. We have been working very hard, and do not make a whole lot. I do not believe this oversight is worthy of a \$400.00 overcharge by the State of Florida, for 15 days. Is there anything I can do to change this? That is more than our profits for a whole month at this point, since we are still paying for our equipment!

We have been Florida residents all our lives, and all our families live here. It seems to me that Florida has become more about how much money we can charge, & what we can charge it on than about families & helping each other to live with dignity.

Thank you very much for your consideration in this matter.

Sincerely,  
  
Polly A. Stover