

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90178 041 ****61.25

DOCUMENT # N39084

1. Entity Name
MISTY MORNING, INC.



Principal Place of Business

**10033 MLK STREET NORTH
STE 102
SAINT PETERSBURG, FL 33716 US**

Mailing Address

**10033 MLK STREET NORTH
STE 102
SAINT PETERSBURG, FL 33716 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3020923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRADLEY, P.J.
10033 MLK ST N
STE 102
SAINT PETERSBURG, FL 33716**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME **BRADLEY, P.J.**
STREET ADDRESS **10033 MLK ST. N. SUITE 102**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE D
NAME **CHOI, JULIA H.**
STREET ADDRESS **113 S MCDILL AVE STE B**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE D
NAME **SONG, KEUM S**
STREET ADDRESS **13904 LAKESHORE BLVD**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE D
NAME **CHO, JAI H**
STREET ADDRESS **13701 BRUCE B DOWNS BLVD**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE D
NAME **SONG, MICHAEL**
STREET ADDRESS **1152 CT ST**
CITY-ST-ZIP **CLEARWATER, FL**

TITLE D
NAME **CHANG, IKKON**
STREET ADDRESS **15020 ROCKY LEDGE**
CITY-ST-ZIP **TAMPA, FL**

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IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/06 *727-578-6400*