

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000085849**

1. Entity Name  
**MIGUN OF PINELLAS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>17964 UNITED STATES HIGHWAY 19 NORTH<br/>         CLEARWATER, FL 33764 US</b> | Mailing Address<br><b>17964 UNITED STATES HIGHWAY 19 NORTH<br/>         CLEARWATER, FL 33764 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-1212094</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**HAVERTY, DANIEL R  
 9642 TEMPLE AVE  
 SEMINOLE, FL 33772**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HAVERTY, DANIEL R<br>9642 TEMPLE AVE<br>SEMINOLE, FL 33772  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HAVERTY, DENNIS G<br>9642 TEMPLE AVE<br>SEMINOLE, FL 33772 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PIERCE, SKIP<br>8540 BARDMOOR PLACE<br>SEMINOLE, FL 33777   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 06/29/06-80002-007 150.00

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: *Dennis G. Haverty* **DENNIS G. HAVERTY** **4/15/06** (727)515-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #