


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 19 AM 8:11

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P05000116640</b><br>1. Entity Name<br><b>MUNCAL INVESTMENT GROUP, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br>1706 DRUID RD. E<br>CLEARWATER, FL 33756  |  |   | Mailing Address<br>1706 DRUID RD. E<br>CLEARWATER, FL 33756   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>300 SOUTH DUNCAN AVE</b>  |  | 3. Mailing Address<br><b>300 SOUTH DUNCAN AVE</b>   |   |   |  |
| Suite, Apt. #, etc.<br><b>295</b>  |  | Suite, Apt. #, etc.<br><b>295</b>   |   |   |  |
| City & State<br><b>Clearwater, FL</b>  |  | City & State<br><b>Clearwater, FL</b>   |   | 4. FEI Number<br><b>20-3390945</b>  |  |
| Zip<br><b>33755</b>  |  | Country<br><b>Pnnellas</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CALENE-MUNOZ, MARGARET</b><br><b>1606 DRUID RD E</b><br><b>CLEARWATER, FL 33756</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>GAMA MUNOZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>300 S. DUNCAN # 295</b><br>City <b>Clearwater</b> <b>FL</b> Zip Code <b>33755</b> |   |  |
| 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.<br>SIGNATURE <u><i>GAMA MUNOZ</i></u> / <b>GAMA MUNOZ</b> <span style="float: right;">12/15/08</span><br><small>Signature, typed or printed name of registered agent, whichever is applicable. NOTE: Registered Agent signature required when reinstating.</small>   |  |   |   |   |  |
| <b>Amended AR is \$61.25</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PTSD</b> <input checked="" type="checkbox"/> Delete<br><b>CALENE-MUNOZ, MARGARET</b><br><b>1706 DRUID RD E</b><br><b>CLEARWATER, FL 33756</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PTSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>GAMA MUNOZ</b><br><b>300 SOUTH DUNCAN AVE</b><br><b>Clearwater, FL 33755</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>200139172712</b><br><b>12/19/08--01038--014 **\$1.25</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u><i>GAMA MUNOZ</i></u> <b>GAMA MUNOZ</b>  |  |   | 12/15/08 813-484-2520<br><small>Date Daytime Phone #</small>  |   |  |

12/28/08