


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90397 001 ***300.00

DOCUMENT # P94000010887	
1. Entity Name MIGUEL INDUSTRIES, INC.	

Principal Place of Business 18880 U.S. 1 SAINT AUGUSTINE FL 32059 PLEASE NOTE NEW ADDRESS	Mailing Address 955-E PALM VALLEY RD PONTE VEDRA BEACH FL 32082
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2. Principal Place of Business 955-E PALM VALLEY ROAD	3. Mailing Address 955-E PALM VALLEY RD PONTE VEDRA BEACH FL 32082
Suite, Apt. #, etc. VALLEY ROAD	Suite, Apt. #, etc.
City & State PONTE VEDRA BCH. FL.	City & State
Zip 32082	Country ST. JOHNS

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3230518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KEASLER, FRANK R JR. 4337 PALM OAKS COURT, STE. 102 JACKSONVILLE FL 32224 PLEASE NOTE NEW ADDRESS	
7. Name and Address of New Registered Agent Name KEASLER, FRANK R. JR. Street Address (P.O. Box Number is Not Acceptable) 10407 CENTURION PARKWAY NORTH SUITE 112 City JACKSONVILLE FL Zip Code 32256	

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES, MICHAEL A. 955 PALM VALLEY RD PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARLES, CHERY A. 955 E PALM VALLEY RD PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/10/06** **904-285-5054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #