

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000097818 1. Entity Name MUNEGIN'S, INC.	
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Principal Place of Business 4005 NW 13TH ST GAINESVILLE, FL 32607 US	Mailing Address 4005 NW 13TH ST. GAINESVILLE, FL 32609 US
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03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3350214	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & ULTRA PA 343 ALMERIA AVENUE CORAL GABLES, FL 33143

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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 <i>Joe Monaghan</i> Signature, typed or printed name of registered agent and title if applicable	DATE <i>4/3/04</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000102517 04/05/04-20019-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONAGHAN, ROBERT D 8429 SW 7TH PL GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONAGHAN, TERRI L 8429 SW 7TH PL GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joe Monaghan - owner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>4/3/04</i> Date	DAYTIME PHONE # <i>352-384-4885</i> Daytime Phone #