2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90009 028 ***158.75

DOCUMENT # P96000004784

1. Entity Name

MIGHTY GOOD, INC.

Principal Place of Business	Mailing Address
14701 LIVINGSTON ROAD C/O OFFICE LUTZ FL 33559	~~14701 LIVINGSTON ROAD~~ C/O OFFICE ~~LUTZ FL 33559~~

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	501 N. MORGAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2
City & State	City & State TAMPA, FL
Zip / Country	Zip 33602 / Country USA

4. FEI Number 59-3366880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRECO, EUGENE S
~~14701 LIVINGSTON ROAD~~
~~LUTZ FL 33549~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 501 N. MORGAN STREET
c/o office Suite 2
City TAMPA FL Zip Code 33602

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] EUGENE GRECO 2/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GRECO, EUGENE S	
STREET ADDRESS	14701 LIVINGSTON RD C/O OFFICE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP	☐ Delete
NAME	GRECO, JOSEPHINE DATO	
STREET ADDRESS	600 MADISON ST	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

MIGHTY GOOD INC

SIGNATURE: By [signature] EUGENE S GRECO 2/13/08

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