

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/2/2005-90011-035-\$150.00-\$150.00

**DOCUMENT # P98000006416**

1. Entity Name  
MYO & TOE ENTERPRISES, INC.



Principal Place of Business  
8359 LAKE CROWELL CIR  
ORLANDO, FL 32836

Mailing Address  
539 N MILLS AVE  
ORLANDO, FL 32803

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
8359 Lake Crowell Cir  
Suite, Apt. #, etc.

City & State  
Orlando, FL

Zip  
32836

Country  
US

06282005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3494093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
TOE, SHWE  
8359 LAKE CROWELL CIR  
ORLANDO, FL 32836

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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]* (NOTE: Registered Agent signature required when reinstating)

DATE: 9-18-05

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NYUNT, MYO 8359 LAKE CROWELL CIR ORLANDO, FL 32836 <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	T TOE, SHWE 8359 LAKE CROWELL CIR ORLANDO, FL 32836 <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 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: *[Signature]* 9.18.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
05 SEP 27 AM 9:48  
T. Roberts SEP 29 2005  
SECURITY  
TALL