



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000036042 1. Entity Name 5-19, INC.																																	
Principal Place of Business 4650 40TH AVENUE NORTH SAINT PETERSBURG, FL 33714		Mailing Address 4650 40TH AVENUE NORTH SAINT PETERSBURG, FL 33714																															
																																	
		01252007 No Chg-P CR2E034 (11/05)																															
4. FEI Number 59-3572280		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 CAMPBELL, MILDRED 4650 40TH AVENUE NORTH SAINT PETERSBURG, FL 33714																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS		U000000652969 03/13/07-80002-004 150.00																															
TITLE	D	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">NAME</td> <td style="width: 10%; padding: 5px;">CAMPBELL, MILDRED</td> </tr> <tr> <td style="width: 10%; padding: 5px;">STREET ADDRESS</td> <td style="width: 10%; padding: 5px;">4650 40TH AVENUE NORTH</td> </tr> <tr> <td style="width: 10%; padding: 5px;">CITY-ST-ZIP</td> <td style="width: 10%; padding: 5px;">SAINT PETERSBURG, FL 33714</td> </tr> <tr> <td style="width: 10%; padding: 5px;">TITLE</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">NAME</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">STREET ADDRESS</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">CITY-ST-ZIP</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">TITLE</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">NAME</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">STREET ADDRESS</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">CITY-ST-ZIP</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">TITLE</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">NAME</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">STREET ADDRESS</td> <td style="width: 10%; padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">CITY-ST-ZIP</td> <td style="width: 10%; padding: 5px;"></td> </tr> </table>		NAME	CAMPBELL, MILDRED	STREET ADDRESS	4650 40TH AVENUE NORTH	CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		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 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: *Mildred Campbell* *Mildred Campbell* 2/24/07 727-528-7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #