


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90017 025 ***150.00

DOCUMENT # P99000048704


1. Entity Name
MIG 19 ENTERPRISES, INC.



Principal Place of Business 9263 SUNRISE BREEZE CIR JACKSONVILLE, FL 32256	Mailing Address 9263 SUNRISE BREEZE CIR JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE

60023926



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0923590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PHILPAT, GERALD
 9263 SINRISE BREEZE CIR
 JACKSONVILLE, FL 32256**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

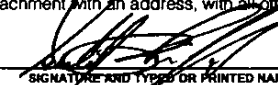
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARMER, DONALD L 9263 SUNRISE BREEZE CIR. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FARMER, JULIANNE 9263 SUNRISE BREEZE CIR JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM PHILPOT, GERALD W 9263 SUNRISE BREEZE CIR JACKSONVILLE, FL 32256
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:  **Gerald Philpat** **4/13/08** **904-233-2988**

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