

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048704

Entity Name: MIG 19 ENTERPRISES, INC.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

9263 SUNRISE BREEZE CIR
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9263 SUNRISE BREEZE CIR
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 65-0923590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILPAT, GERALD
9263 SUNRISE BREEZE CIR
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

PHILPOT, GERALD
9263 SUNRISE BREEZE CIR
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: GERALD PHILPOT

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARMER, DONALD L
Address: 9263 SUNRISE BREEZE CIR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: FARMER, JULIANNE
Address: 9263 SUNRISE BREEZE CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: GM () Delete
Name: PHILPOT, GERALD W
Address: 9263 SUNRISE BREEZE CIR
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD L. FARMER

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date