

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048704

Entity Name: MIG 19 ENTERPRISES, INC.

FILED  
Mar 09, 2012  
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:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD L. FARMER

PD

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date