

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90035 041 ***150.00

DOCUMENT # K15136

1. Entity Name
M & G LEASING CO.



Principal Place of Business

**499 N ST RD 434
STE 2179
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address

**499 N STATE RD 434
STE 2179
ALTAMONTE SPRINGS, FL 32714 US**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2872449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLLINGSWORTH, GEORGE R., II
499 N STATE RD 434
SUITE 2179
ALTAMONTE SPRINGS, FL 32714**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	HOLLINGSWORTH, GEORGE, II
STREET ADDRESS	499 N STATE RD 434 STE. 2179
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DP
NAME	MOORE, B. J.
STREET ADDRESS	499 N STATE RD 434 STE. 2179
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	DV
NAME	GARNER, J.M.
STREET ADDRESS	499 N. STATE RD 434 STE. 2179
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 and typed or printed name of signing officer or director

Date

Daytime Phone #