


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K99170**  
 1. Entity Name  
**MG LAND CORPORATION FOUR**



Principal Place of Business 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714 US
---	---

**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2965676</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOLLINGSWORTH II, GEORGE R  
 499 N SR 434 SUITE  
 ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

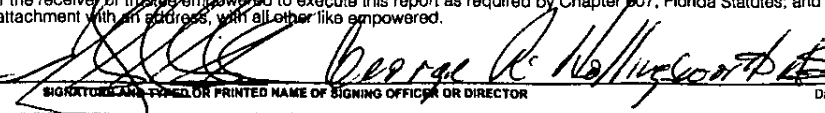
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, B. J. 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARNER, JOHN MICHAEL 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLLINGSWORTH II, GEORGE R 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000834982  
 02/29/08-80017-011 150.00

**DO NOT WRITE IN THIS SPACE**

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 807, 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:**  **George R. Hollingsworth II** **2/25/08** **407-862-9560**

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