2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2008 08:00 AM DOCUMENT # K99175 Secretary of State 1. Entity Name MG LAND CORPORATION THREE Principal Place of Business Mailing Address 499 N SR 434 499 N SR 434 **SUITE 2179 SUITE 2179** ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 No Chg-P 02222008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2965570 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HOLLINGSWORTH II, GEORGE R DO NOT WRITE 499 N SR 434 **SUITE 2179** IN THIS SPACE ALTAMONTE SPRINGS, FL 32714 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 Signature, typed or printed name of registered agent and title # applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE MOORE, B. J. NAME STREET ADDRESS 499 N SR 434 SUITE 2179 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 DV MUE . U00000834983 02/29/08-80017-012 150.00 NAME GARNER, JOHN MICHAEL STREET ADDRESS 499 N. STATE RD. 434 STE, 2179 ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP DST TITLE NAME HOLLINGSWORTH II, GEORGE R STREET ADDRESS 499 N SR 434 SUITE 2179 DO NOT WRITE ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of 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 appears in block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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