


FILED
Feb 11, 2004 08:00 AM
Secretary of State


**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P25299
 1. Entity Name
MTGR CORPORATION



Principal Place of Business 4001 HWY 128 GEYSERVILLE, CA 95441 US	Mailing Address PO BOX 158 GEYSERVILLE, CA 95441 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0067888	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARK, JEFF
 1217 67TH ST NW
 BRADENTON, FL 34209

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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:  DATE: 2-5-04
Signature typed or printed name of registered agent and see if applicable (NOTE: Registered Agent signature required when re-registering)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURPHY, JAMES M
STREET ADDRESS	3294 WESTSIDE
CITY - ST - ZIP	HEALDSBURG, CA 95448
TITLE	VD
NAME	READY, DAVID L.
STREET ADDRESS	900 BENJAMIN WAY
CITY - ST - ZIP	HEALDSBURG, CA
TITLE	SD
NAME	GOODE, DALE R.
STREET ADDRESS	14424 MC DONOUGH HEIGHTS
CITY - ST - ZIP	HEALDSBURG, CA 95448
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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1100000045439
 02/11/04-80062-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1/30/2004 7074257004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR