


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90082 019 ***150.00

DOCUMENT # P98000054241
 1. Entity Name
MGL ENGINEERING, INC.




Principal Place of Business: **5205 NORTH FRONTAGE ROAD LAKELAND FL 33810**
 Mailing Address: **POST OFFICE BOX 7701 LAKELAND FL 33807-7701**

2. Principal Place of Business: **2830 Parkway Street**
 Suite, Apt. #, etc.: **Suite 2**

City & State: **Lakeland FL**

Zip: **33811** Country: **FL**



MOORE CR2E034 (11/03)

4. FEI Number: **59-3519284**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JONES, GUERRY
1905 S. FLORIDA AVE
LAKELAND FL 33803

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOVE, THOMAS H	
STREET ADDRESS	1816 SHERWOOD LAKES BLVD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKEOWN, JOSEPH B	
STREET ADDRESS	463 FLORA CREEK CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRANT, RICHARD A	
STREET ADDRESS	1206 CANDLEWOOD DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas H. Love **THOMAS H. LOVE** 4/2/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #