2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K99175

1. Entity Name
MG LAND CORPORATION THREE

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

02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2965570
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLINGSWORTH II, GEORGE R
499 N SR 434
SUITE 2179
ALTAMONTE SPRINGS, FL 32714

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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02/29/08-80017-012 150.00

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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 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: George R. Hollingsworth II 2/25/08 407-862-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #