

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000099716

**Entity Name:** M & G BUSINESS VENTURES, INC

**Current Principal Place of Business:**

4845 BELLE TERRE PKWY  
SUITE C-7  
PALM COAST, FL 32164

**Current Mailing Address:**

4845 BELLE TERRE PKWY  
SUITE C-7  
PALM COAST, FL 32164 US

**FEI Number:** 81-5011990

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOKSNES, SHAWN D  
4845 BELLE TERRE PKWY  
SUITE C-7  
PALM COAST, FL 32164 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MOKSNES, SHAWN D  
Address 4845 BELLE TERRE PKWY  
C-7  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name GILYARD, OTIS M  
Address 4845 BELLE TERRE PKWY SUITE  
C-7  
City-State-Zip: PALM COAST FL 32164

Title SEC  
Name MOKSNES, EVE C  
Address 4845 BELLE TERRE PKWY  
C-7  
City-State-Zip: PALM COAST FL 32164

Title TREA  
Name GILYARD, PAMELA I  
Address 4845 BELLE TERRE PKWY  
SUITE C-7  
City-State-Zip: PALM COAST FL 32164

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHAWN D MOKSNES

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date