

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90051 014 ***158.75

DOCUMENT # 460217

1. Entity Name
MGT OF AMERICA, INC.



Principal Place of Business
2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

Mailing Address
2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1576733

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUTWELL, W. KENNETH, JR.
2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STDV
CARUTHERS, JOHN
4044 BRANDON HILL DR.
TALLAHASSEE, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRITAIN, DAVID L
3505 LOUHT COURT
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JEROME L. CIESLA
3601 UNCLE GLOVER RD
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
BOUTWELL, W.K. JR.
3431 CEDAR LANE
TALLAHASSEE, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HUMPHREY, STEPHEN
3036 N SHANNON LAKES
TALLAHASSEE, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RECIO, LINDA
2817 ARMAGH
TALLAHASSEE, FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3009 O'Brien Drive
Tallahassee, FL 32309 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X406