2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002816

1. Entity Name
MGNMRB, INC.

Principal Place of Business	Mailing Address
1 NORTH FOURTH STREET, SUITE 203, 206 FERNANDINA BEACH, FL 32034	1 NORTH FOURTH STREET, SUITE 203, 206 FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2573008
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURNETT, HEYWARD
1 NORTH FOURTH STREET, SUITE 203, 206
FERNANDINA BEACH, FL 32034

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MCGINTY, FRED W
STREET ADDRESS	4021 US HIGHWAY 17
CITY-ST-ZIP	BRUNSWICK, GA 31523
TITLE	VCP
NAME	GORDON, GREG W
STREET ADDRESS	322 CARNOUSTIE
CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31522
TITLE	V
NAME	BURNETT, HEYWARD
STREET ADDRESS	2751 OCEAN OAKS BLVD.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	S
NAME	MALOY, MIKE
STREET ADDRESS	220 RICE MILL ROAD
CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31522
TITLE	T
NAME	NEWTON, G. PATRICK
STREET ADDRESS	802 EAST FIELD LANE
CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31522
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-80013-009 150.00

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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: H. Hw Burnett IV 1/28/06 904-491-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #