

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # H26103

1. Entity Name
MOGANDA CORPORATION



Principal Place of Business
**601 TRUMAN, AVENUE
KEY WEST, FL 33040-3233**

Mailing Address
**601 TRUMAN, AVENUE
KEY WEST, FL 33040-3233**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2459385

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**HRAWG CORP.
2310 ONE FINANCIAL PLAZA
FT. LAUDERDALE, FL 33394**

**DO NOT WRITE
IN THIS SPACE**

6. 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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PTD
MCDONNELL, P.F.
1800 ATLANTIC BLVD.
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
OLSON, S.P.
10 WOODSON AVENUE
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OLSON, S.P.
10 WOODSON AVENUE
KEY WEST, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000245668
02/28/05-80036-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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

P.F. McDonnell 2/24/05

Date

305-296-1625

Daytime Phone #