

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90035 039 ***150.00

DOCUMENT # K99175 1. Entity Name MG LAND CORPORATION THREE	
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Principal Place of Business 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714 US
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

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

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

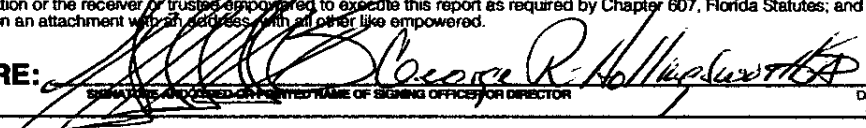
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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, GEORGE R II
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

**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 an other like empowered.

SIGNATURE:  **1/27/04** **407-812-9560**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #