

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN -9 PM 1:01

DOCUMENT # L65561

1. Entity Name

MG GENERAL CORPORATION



Principal Place of Business

535 HONEYSUCKLE LANE  
VERO BEACH, FL 32963

Mailing Address

535 HONEYSUCKLE LANE  
VERO BEACH, FL 32963

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0203754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONOVAN, RITA GRACE  
535 HONEYSUCKLE LANE  
VERO BEACH, FL 32963

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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

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 PS  
NAME DONOVAN, RITA GRACE  
STREET ADDRESS 535 HONEYSUCKLE LANE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE VD  
NAME JAKUBZICK, MARCELO  
STREET ADDRESS 535 HONEYSUCKLE LANE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

100026598441  
01/09/04--01035--012 ++150.00

DO NOT WRITE  
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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]* JAKUBZICK, MARCELO

1-6-04 (772) 234-6613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #