

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L70514



1. Entity Name

MJGW HOLDING, INC.

Principal Place of Business

% MICHAEL J. DOUGHERTY
16308 AVILA BLVD.
TAMPA FL 33613

Mailing Address

% MICHAEL J. DOUGHERTY
16308 AVILA BLVD.
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-3007942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, MICHAEL J.
16308 AVILA BLVD.
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DOUGHERTY, MICHAEL J.
STREET ADDRESS 16308 AVILA BLVD.
CITY- ST- ZIP TAMPA FL

TITLE ☐ Delete
NAME DOUGHERTY, GEORGIA
STREET ADDRESS 16308 AVILA BLVD.
CITY- ST- ZIP TAMPA FL

TITLE ☐ Delete
NAME DOUGHERTY, NOEL
STREET ADDRESS 16308 AVILA BLVD
CITY- ST- ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME DOUGHERTY, DAVID
STREET ADDRESS 10265 GANDY BLVD. N APT 1710
CITY- ST- ZIP ST. PETERSBURG FL

TITLE ☐ Delete
NAME DOUGHERTY, MICHELE
STREET ADDRESS 7700 EMERSON
CITY- ST- ZIP LOS ANGELES CA

TITLE ☐ Delete
NAME DOUGHERTY, SHAWN
STREET ADDRESS 157 BRYSTONE RD
CITY- ST- ZIP GRAY TN

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP

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

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

813-968
2/18/05 **1720**
Date Daytime Phone #