

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000078943

1. Entity Name
MGC FT. PIERCE CORPORATION



Principal Place of Business
855 E PINE ST
TARPON SPRINGS, FL 34688

Mailing Address
855 E PINE ST
TARPON SPRINGS, FL 34688

[Handwritten Signature]

FILED

05 FEB 21 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3668188

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANTONIS, JAMES M
855 E PINE ST
TARPON SPRINGS, FL 34689

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CANTONIS, GEORGE M
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	D
NAME	CANTONIS, MICHAEL G
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	VP/F
NAME	CANTONIS, JAMES M
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	S
NAME	HELLER, STEPHEN H
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000047254380
02/25/05--01003--002 **200.00

**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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05 (727) 943-3238