


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90004 017 \*\*\*150.00

<b>DOCUMENT # P03000062325</b> 1. Entity Name <b>MGSS, INC.</b>					
Principal Place of Business <b>9315 ALICE LN RIVERVIEW, FL 33569</b>			Mailing Address <b>9315 ALICE LN RIVERVIEW, FL 33569</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROBBINS, MICHAEL H 101 E KENNEDY BLVD STE 2800 TAMPA, FL 33602</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GOODWIN, MICHAEL</b> <input type="checkbox"/> Delete <b>9315 ALICE LN RIVERVIEW, FL 33569</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GOODWIN, SIDNE S</b> <input type="checkbox"/> Delete <b>9315 ALICE LN RIVERVIEW, FL 33569</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u><i>Sidne S. Goodwin</i></u> <u>6-16-04</u> <u>727-725-0935</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

6/2

66429335



06152004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0037144 Applied For ☐ Not Applicable ☐

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

66429335

Attachments - PO3000062325

June 15, 2004

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: MGSS, Inc.  
9315 Alice Lane  
Riverview, FL 33569

Dear Department,

With reference to MGSS, Inc., we submit the following

1. 2004 For Profit Corporation Annual Report with \$150.00 enclosed as payment for 2004 Corporation annual fees.

The corporation never received the Annual Report for 2004 and has just recently learned of the filing requirement. The corporation was formed in July of 2003 and assumed all fees were paid for at least one year. For that reason, we submit the \$150.00 filing fee simultaneously with the Annual Report along with the proper signatures and respectfully request waiver of the penalty/reinstatement fee. Please let us know if there are any questions regarding this request.

Respectfully,



Sidne S. Goodwin, Vice President  
MGSS, Inc.

66429335

Attachment P03000062325

ATT: to 2004 for Profit Corporation  
Annual Report.

6/29/04

From: MR. Paint & Body shop.  
8725 NW 117 St Bay 5-6  
Hialeah Edns, FL 33018  
tel-(305) 821-0248  
fax-(305) 558-5441

This corporation it's only under  
Luisa M. Tejeda. I send the  
payment the 3/24/04 and in  
the banks statements appears  
that the payment was made on  
the 3/30/04 and in the system  
~~is not fix.~~ You need to fix it to  
my name.

Thanks,  
Luisa Tejeda

6/29/04