

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080477

Entity Name: M.G.R. SERVICES, INC.

FILED  
Feb 10, 2011  
Secretary of State

**Current Principal Place of Business:**

351 COUNTRYSIDE KEY BLVD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

351 COUNTRYSIDE KEY BLVD  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 20-0105564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAMROZY, GRZEGORZ  
351 COUNTRYSIDE KEY BLVD  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JAMROZY, GRZEGORZ  
Address: 351 COUNTRYSIDE KEY BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: S  
Name: JAMROZY, ROBERT  
Address: 3248 BUCKHORN DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: V  
Name: JAMROZY, LIDIA  
Address: 3248 BUCKHORN DRIVE  
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GRZEGORZ JAMROZY

P

02/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date