

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90002 042 ***150.00

DOCUMENT # P03000132182

1. Entity Name
MGM HOME REPAIR & CLEANING SERVICE INC



Principal Place of Business
**18 FILBERT LANE
PALM COAST, FL 32137 US**

Mailing Address
**18 FILBERT LANE
PALM COAST, FL 32137 US**

54059309



2. Principal Place of Business
**400 South Bay St.
Suite, Apt. #, etc.
UNIT 310**

3. Mailing Address
**14 Whetstone Lane
Suite, Apt. #, etc.**

06242004 Chg-P CR2E034 (10/03)

City & State
BUNNELL FL
Zip **32110** Country **US**

City & State
PALM COAST, FL
Zip **32164** Country **US**

4. FEI Number
56-2415329
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DBL FINANCIAL SERVICES CORP
1950 LEE RD
STE# 217
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **JERRY C. KNIGHT**
Street Address (P.O. Box Number is Not Acceptable)
**4721 E. MOODY BLVD.
BLDG. #5, SUITES 505 & 506**
City **BUNNELL** FL Zip Code **32110**

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 **JERRY C. KNIGHT** *Jerry C. Knight* **06-25-04**
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
NAME **MOREIRA, GABRIEL**
STREET ADDRESS **18 FILBERT LANE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **P** ☐ Delete
NAME **ACOSTA, MARIA J**
STREET ADDRESS **18 FILBERT LANE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14 WHETSTONE LANE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14 WHETSTONE LANE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-25-04 386 931-4702
Date Daytime Phone #