


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90348 008 \*\*\*150.00

<b>DOCUMENT # P04000096410</b>							
1. Entity Name <b>M &amp; G &amp; COMPANY, INC. CORPORATE BUILDERS</b>							
Principal Place of Business 2180 AARON DRIVE GREEN COVE SPRINGS FL 32043		Mailing Address 2180 AARON DRIVE GREEN COVE SPRINGS FL 32043					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>04-3815676</b>			
Zip	Country	Zip	Country	Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>GALLEY, THEODORE J</b> 2180 AARON DRIVE GREEN COVE SPRINGS FL 32043			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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GALLEY, THEODORE J		NAME				
STREET ADDRESS	2180 AARON DRIVE		STREET ADDRESS				
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILGRAM, SCOTT		NAME				
STREET ADDRESS	100 SOUTH BIRCH RD #2702		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERADLE FL 33316		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILGRAM, JUDY		NAME				
STREET ADDRESS	100 SOUTH BIRCH RD #2702		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERADLE FL 33316		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Theodore J Galley</i>		V-Pres.		4/23/05 904 509-3511			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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1st MOORE CR2E034 (10/04)