

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063078

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** MGM OF HERNANDO COUNTY, INC.

**Current Principal Place of Business:**

4369 COMMERCIAL WAY  
SPRING HILL, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

5306 MACOSO CT  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 26-0250707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSSI, GABRIELLA  
4369 COMMERCIAL WAY  
SPRING HILL, FL 34607 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** ROSSI, GABRIELLA  
**Address:** 4369 COMMERCIAL WAY  
**City-St-Zip:** SPRING HILL, FL 34607

**Title:** VP  
**Name:** FONTANA, MARIO  
**Address:** 4369 COMMERCIAL WAY  
**City-St-Zip:** SPRING HILL, FL 34607

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: GABRIELLA ROSSI

DPST

02/09/2010

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

\_\_\_\_\_ Date