

FILED
Feb 11, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P25299

1. Entity Name
MTGR CORPORATION



Principal Place of Business
4001 HWY 128
GEYSERVILLE, CA 95441 US

Mailing Address
PO BOX 158
GEYSERVILLE, CA 95441 US



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0067888

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARK, JEFF
1217 67TH ST NW
BRADENTON, FL 34209

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURPHY, JAMES M
STREET ADDRESS	3294 WESTSIDE
CITY - ST - ZIP	HEALDSBURG, CA 95448
TITLE	VD
NAME	READY, DAVID L.
STREET ADDRESS	900 BENJAMIN WAY
CITY - ST - ZIP	HEALDSBURG, CA
TITLE	SD
NAME	GOODE, DALE R.
STREET ADDRESS	14424 MC DONOUGH HEIGHTS
CITY - ST - ZIP	HEALDSBURG, CA 95448
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000045439
02/11/04-80062-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2004 7074257008