

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000022661

1. Entity Name
MG4, INC.



Principal Place of Business
68 PONDELLA RD.
NORTH FORT MYERS, FL 33903

Mailing Address
68 PONDELLA RD.
NORTH FORT MYERS, FL 33903



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0412226

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, DANA P
68 PONDELLA RD.
NORTH FORT MYERS, FL 33903

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000226416
02/12/05-80015-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GISO, FELIX N
STREET ADDRESS 908 SE 24TH AVE
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE D
NAME GISO, HELEN F
STREET ADDRESS 908 SE 24TH AVE
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE D
NAME MCGRATH, DANA P
STREET ADDRESS 902 S.E. 24TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE D
NAME MCGRATH, PEGGY G
STREET ADDRESS 902 S.E. 24TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #