

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000088508 1. Entity Name MCG DIVERSIFIED, INC.					
Principal Place of Business 770 1ST AVE N ST PETERSBURG, FL 33701 US				Mailing Address 770 1ST AVE N ST PETERSBURG, FL 33701 US	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		04202004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3217746	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GODERS, MARGUERITE 770 1ST AVE N SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODELS, MARGUERITE 770 1ST AVE N SAINT PETERSBURG, FL 33701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLOMAN, JAY D 770 1ST AVE N SAINT PETERSBURG, FL 33701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, LAURA 770 1ST AVE N SAINT PETERSBURG, FL 33701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, BRIAN 770 1ST AVE SAINT PETERSBURG, FL 33701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORMAN, DALE 770 1ST AVE N SAINT PETERSBURG, FL 33701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORMAN, DALE 770 1ST AVE N SAINT PETERSBURG, FL 33701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORMAN, DALE 770 1ST AVE N SAINT PETERSBURG, FL 33701	☐ Delete			
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>Jay D. Solomon</i> <i>Jay D. Solomon</i> <i>4/26/04 727-898-5600</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					