

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90022 035 \*\*\*150.00

**DOCUMENT # P94000000220**

1. Entity Name

MGC PALM HARBOR CORPORATION



Principal Place of Business

PO BOX 338  
TARPON SPRINGS, FL 34689

Mailing Address

PO BOX 338  
TARPON SPRINGS, FL 34689

00010010



01042005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3218262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANTONIS, MICHAEL G  
855 E PINE ST  
TARPON SPRINGS, FL 34688

**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 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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CANTONIS, MICHAEL G  
STREET ADDRESS PO BOX 338 N/A  
CITY-ST- ZIP TARPON SPRINGS, FL 34689

TITLE DP  
NAME CANTONIS, GEORGE M  
STREET ADDRESS 855 E PINE ST.  
CITY-ST- ZIP TARPON SPRINGS, FL 34688

TITLE DVPT  
NAME CANTONIS, JAMES M  
STREET ADDRESS 855 EAST PINE ST.  
CITY-ST- ZIP TARPON SPRINGS, FL 34688

TITLE S  
NAME HELLER, STEPHEN H  
STREET ADDRESS 855 E PINE ST.  
CITY-ST- ZIP TARPON SPRINGS, FL 34688

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

**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)(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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05

(727) 943-3238