

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037852

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: MG6 CORP.

**Current Principal Place of Business:**

154 NW MAGNOLIA LAKES BLVD.  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 881237  
PORT ST. LUCIE, FL 34988 US

**New Mailing Address:**

FEI Number: 65-0486849      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOTZ, MARK H  
154 NW MAGNOLIA LAKES BLVD.  
PORT ST. LUCIE, FL 34986 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: P ( ) Delete  
Name: GOTZ, MARK H  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP ( ) Delete  
Name: GOTZ, MARY L  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete  
Name: GOTZ, MELISSA  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete  
Name: GOTZ, MEGAN  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete  
Name: GOTZ, MICHAEL  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete  
Name: GOTZ, MEREDITH  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK GOTZ

Electronic Signature of Signing Officer or Director

PRES

03/12/2009

\_\_\_\_\_ Date