

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90068 036 ***150.00

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1. Entity Name
MSGGS, INC.



Principal Place of Business
6718 SIMMONS LOOP
RIVERVIEW, FL 33569 US

Mailing Address
6718 SIMMONS LOOP
RIVERVIEW, FL 33569 US

50001089



2. Principal Place of Business - No P.O. Box #
6727 Simmons Loop
Suite, Apt. #, etc.

3. Mailing Address
6727 Simmons Loop
Suite, Apt. #, etc.

03212008 Chg-P CR2E034 (12/06)

City & State
Riverview, FL
Zip 33578 Country

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Riverview, FL
Zip 33578 Country

4. FEI Number
59-3295113
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS JR., E. GEORGE
6718 SIMMONS LOOP
RIVERVIEW, FL 33569
6727 SIMMONS LOOP
Riverview, FL 33578

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS
NAME SIMMONS, SANDRA
STREET ADDRESS 6718 SIMMONS LOOP
CITY-ST-ZIP RIVERVIEW, FL ☐ Delete

TITLE DPT
NAME SIMMONS JR., E. GEORGE
STREET ADDRESS 6718 SIMMONS LOOP
CITY-ST-ZIP RIVERVIEW, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6727 Simmons Loop
CITY-ST-ZIP Riverview, FL 33578 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6727 Simmons Loop
CITY-ST-ZIP Riverview, FL 33578 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sandra Simmons SANDRA SIMMONS

3-21-08

813-677-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #