

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90007 034 \*\*\*150.00

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01222004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P95000022013</b>	
1. Entity Name <b>MLG CORPORATION</b>	



Principal Place of Business <b>412 NE 16TH AVENUE GAINESVILLE, FL 32601</b>	Mailing Address <b>412 NE 16TH AVENUE GAINESVILLE, FL 32601</b>
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2. Principal Place of Business <b>4127 NW 27th Ln</b>	3. Mailing Address <b>PO Box 357845</b>
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc.
City & State <b>Gainesville FL</b>	City & State <b>Gainesville FL</b>
Zip <b>32606</b> Country <b>USA</b>	Zip <b>32635</b> Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>GARVIN, H. EDWARD 412 NE 16TH AVENUE GAINESVILLE, FL 32601</b>	
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7. Name and Address of New Registered Agent Name <b>Garrin H. Edward</b> Street Address (P.O. Box Number is Not Acceptable) <b>4127 NW 27th Ln, Suite A</b> City <b>Gainesville</b> FL Zip Code <b>32606</b>	
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 <b>H. Edward Garvin</b> DATE <b>1/29/04</b>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARVIN, H E 412 N.E. 16TH AVE GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Garrin, H E 4127 NW 27th Ln, Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MCDONALD, JANET L 412 NE 16TH AVENUE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD McDonald, Janet L 4127 NW 27th Ln, Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LEE, DENNIS G 412 N.E. 16 AVE GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Lee, Dennis G 4127 NW 27th Ln, Suite A Gainesville FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>H.E. Garvin</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <b>1/29/04</b> DAYTIME PHONE: <b>352-334-1976</b>