

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-17-2005 90022 036 ***150.00

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1. Entity Name
MGC WEST PALM BEACH CORPORATION



Principal Place of Business

855 EAST PINE STREET
TARPON SPRINGS, FL 34689

Mailing Address

POST OFFICE BOX 338
TARPON SPRINGS, FL 34689

50016915



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3406959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANTONIS, GEORGE M
855 EAST PINE STREET
TARPON SPRINGS, FL 34689

**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	855 EAST PINE STREET
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	DP
NAME	CANTONIS, GEORGE M
STREET ADDRESS	855 EAST PINE STREET
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	DVT
NAME	CANTONIS, JAMES M
STREET ADDRESS	855 EAST PINE STREET
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	S
NAME	HELLER, STEPHEN
STREET ADDRESS	855 E. PINE ST.
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/05

(727) 943-3238

Date

Daytime Phone #