


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90384 014 ***150.00

| | |
|--|---|
| DOCUMENT # P98000000833 1. Entity Name MGSR, INC. |  |
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| Principal Place of Business 4109 W. MULLEN AVE. TAMPA, FL 33609 | Mailing Address 4109 W. MULLEN AVE. TAMPA, FL 33609 |
|---|---|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHN, ROY W
3321 HENDERSON BLVD.
TAMPA, FL 33609

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MONROSE, MAMIE G 4109 W. MULLEN AVENUE TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONROSE, J. GEORGE JR. 4109 W. MULLEN AVENUE TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHN, ROY W 2406 WATROUS AVENUE TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHN, SUSAN MASSARI 2406 WATROUS AVENUE TAMPA, FL 33629 |
| 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 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: Mamie G. Monroe **4-17-07** **813-286-9599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #