


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

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
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02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000861139 04/02/08-80089-014 150.00
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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 3-14-08 813-286-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Mamie G. Monroe