

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000833

Entity Name: MGSR, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

4109 W. MULLEN AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4109 W. MULLEN AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 65-0806241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COHN, ROY W
2406 WATROUS AVE.
TAMPA, FL 33629 US

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.

SIGNATURE:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONROSE, MAMIE G
Address: 4109 W. MULLEN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MONROSE, J. GEORGE JR.
Address: 4109 W. MULLEN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: COHN, ROY W
Address: 2406 WATROUS AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D (X) Delete
Name: COHN, SUSAN MASSARI
Address: 2406 WATROUS AVENUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAMIE G. MONROSE

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date