

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000036859

1. Entity Name
MG COLORADO CO.



Principal Place of Business
3211 BEE RIDGE RD.
SUITE 118
SARASOTA, FL 34239 US

Mailing Address
4815 E. BUSCH BLVD.
SUITE 208
TAMPA, FL 33617 US



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0835696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, DAVID
4815 E. BUSCH BLVD.
STE. 208
TAMPA, FL 33617

**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 KENT, MICHAEL
STREET ADDRESS 6501 EASTIDA AVENUE
CITY-ST-ZIP GREENWOOD VILLAGE, CO 80111

TITLE D
NAME KENT, GREGORY
STREET ADDRESS 280 ADAMS STREET
CITY-ST-ZIP DENVER, CO 80206

TITLE D
NAME GOLDBERG, WILLIAM
STREET ADDRESS 1270 JOSEPHINE STREET
CITY-ST-ZIP DENVER, CO 80206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000332771
04/26/05-80072-008 150.00

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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:

DAVID GORDON, AGENT 4/20/05 813-287-1078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #