

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063985

FILED
Mar 23, 2009
Secretary of State

Entity Name: MDG-CAPITAL PARTNERS GCNB OFFICE NORTH, INC.

Current Principal Place of Business:

2180 IMMOKALEE RD 309
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

2180 IMMOKALEE RD. 309
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-0855827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOHN, WILLIAM
2180 IMMOKALEE ROAD 309
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

KLOHN, WILLIAM L
2180 IMMOKALEE ROAD 309
NAPLES, FL 34110 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: WILLIAM L KLOHN

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCCUAN, PATRICK
Address: 2180 IMMOKALEE ROAD 309
City-St-Zip: NAPLES, FL 34110

Title: PDVS () Delete
Name: KLOHN, WILLIAM L
Address: 2180 IMMOKALEE ROAD 309
City-St-Zip: NAPLES, FL 34110

Title: AST () Delete
Name: LARSON, DENISE
Address: 2180 IMMOKALEE ROAD 309
City-St-Zip: NAPLES, FL 34110

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:

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: WILLIAM L KLOHN

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date