

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90022 034 ***150.00

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1. Entity Name

MGC BRADENTON CORPORATION



Principal Place of Business

**855 E. PINE ST.
TARPON SPRINGS, FL 34688**

Mailing Address

**855 E. PINE ST.
TARPON SPRINGS, FL 34688**

00016917



01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3553147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CANTONIS, JAMES M
855 E. PINE ST.
TARPON SPRINGS, FL 34688**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CANTONIS, GEORGE M
855 E. PINE ST.
TARPON SPRINGS, FL 34688**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CANTONIS, MICHAEL G
855 E. PINE ST.
TARPON SPRINGS, FL 34688**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
CANTONIS, JAMES M
855 E. PINE ST.
TARPON SPRINGS, FL 34688**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HELLER, STEPHEN
855 E PINE ST
TARPON SPRINGS, FL 34688**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/05 (727) 943 3238