2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
DOCU	MENT # P99000021	() () () () ()		Secre	tary or s.			
t. Entity Name								
MRGEN	TRY CORPORATION							
Principal Plac		Mailing Address	-					
9 SW 13 STR	REET DALE, FL. 33315	9 SW 13 STREET FT. LAUDERDALE, FL 33315						
FI. LAUDERL	JALE, FL 33313	11. ENUDERDMEE, PE 33313				C. 4745CIB TOWAR IIIMA 141CH.	(((mmumus er 55 7)	
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			03232004	No Chg-P	CR2E034 (10/0	13)		
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_				65-090			Not Applicable	
:				5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional	
	6. Name and Address of Current F	legistered Agent		<u> </u>		ree ned	useu	
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JOHNSON 9 SW 13 S			DO	NOT W	RITE			
FT. LAUDERDALE, FL 33315				INI "	THIS SF	NCE		
				11.4	iiio or	MUL		
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Fid	orida. I am familiar w	ith, and accept	
i se conga	ions or registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent a	ed Agent signature require	d when reinstating)	Hacook	ารถาวิรียส			
				03/31/04	0100794 -80036-020	150.00		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			Sing \$5.00 May Be Added to Fees					
10.	OFFICERS AND I		<u> </u>		<u> </u>			
nne	P	5111EC10136	1					
NAME	GENTRY, ALONZO M		i .					
STREET ADDRESS CITY ST-ZIP	9 SW 13 STREET FT. LAUDERDALE, FL 33315		I .					
TITLE	FT. PAUDENDALE, FE 33313		· ·					
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City-ST-ZiP			1					
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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 it 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:

STREET ADDRESS CITY -ST - ZIP

SIGNATURE AND THEE OF PRINTED NAME DE SIGNING OFFICER OR DIRECTOR

3-23-04

154 764.040

Daytime Phone #