

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000071902

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC6471692466**

**Entity Name:** MG PROMOTIONAL PRODUCTS, INC.

**Current Principal Place of Business:**

1644 LAND O'LAKES BLVD  
LUTZ, FL 33549

**Current Mailing Address:**

901 HOLLYSHORE DRIVE  
LUTZ, FL 33548 US

**FEI Number: 59-3346026**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMITH, THOMAS R  
15910 EAGLE RIVER WAY  
TAMPA, FL 33624 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GRAHAM, MICHAEL  
Address 901 HOLLYSHORE DR.  
City-State-Zip: LUTZ FL 33548

Title D  
Name GRAHAM, LISA  
Address 901 HOLLYSHORE DR.  
City-State-Zip: LUTZ FL 33548

Title D  
Name GRAHAM, LISA SD  
Address 901 HOLLYSHORE DRIVE  
City-State-Zip: LUTZ FL 33548

*I hereby 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 all other like empowered.*

**SIGNATURE: LISA GRAHAM**

**VP**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date