

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000828

Entity Name: MG CONSULTANTS, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

11341 CYPRESS RESERVE DR
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

11341 CYPRESS RESERVE DR
TAMPA, FL 33626

New Mailing Address:

FEI Number: 88-0451765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REECE, GUS R
11341 CYPRESS RESERVE CIRCLE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REECE, GUS R
Address: 11341 CYPRESS RESERVE DR
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Delete
Name: BIGLER, MATT
Address: 5600 DAYBREAK DR.
City-St-Zip: RENO, NV 89523

Title: S () Delete
Name: REECE, GINGER
Address: 11341 CYPRESS RESERVE DR
City-St-Zip: TAMPA, FL 33626

Title: T (X) Delete
Name: BIGLER, ALISON
Address: 5600 DAYBREAK DR.
City-St-Zip: RENO, NV 89523

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUS RYAN REECE

P

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date