


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000014583
1. Entity Name
MAGIC AUTO REPAIR, INCORPORATED



Principal Place of Business Mailing Address
6950 SILVER STAR RD 6950 SILVER STAR RD
ORLANDO, FL 32808 ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3700157 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BENOIT, PAUL D
6950 SILVER STAR RD
ORLANDO, FL 32808

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P BENOIT, PAUL 1549 TYREL DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENOIT, MARK 4673 SUNTREE BLVD ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENOIT, ROBERT M 8132 OLD GROVE DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/04-80046-020 150.00

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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)(f), 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: *Paul D. Benoit* **PAUL D. BENOIT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 **407-226-4111**
Date Daytime Phone #