


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000060543</b>					
1. Entity Name <b>SANIBEL MAJIK, INC.</b>					
Principal Place of Business 1200 PERIWINKL WAY STE 4 SANIBEL FL 33957 US			Mailing Address 1200 PERIWINKLE WAY STE 4 SANIBEL FL 33957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc			
City & State		City & State		4. FEI Number <b>65-0513552</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHILLING, MICHAEL L 1200 PERIWINKLE WAY #4 SANIBEL FL 33957</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <small>Trust Fund Contribution.</small>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCHILLING, MICHAEL L</b>	NAME			
STREET ADDRESS	<b>13451-16 MCGREGOR BLVD.</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>FT MYERS FL 33919</b>	CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ASEN, MATTHEW</b>	NAME			
STREET ADDRESS	<b>497 LAKE MUREX CIR.</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>SANIBEL FL 33957</b>	CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FOSTER, R. JAMES</b>	NAME			
STREET ADDRESS	<b>3754 S.E. OCEAN BLVD.</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>STUART FL 34996</b>	CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FOSTER, KIPP</b>	NAME			
STREET ADDRESS	<b>3754 S.E. OCEAN BLVD.</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>STUART FL 34996</b>	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			



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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: Michael L. Schilling** **MICHAEL L. SCHILLING** **1-26-05** **239-489-2226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #