


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90054 032 \*\*\*150.00

**DOCUMENT # P94000060543**

1. Entity Name  
**SANIBEL MAJIK, INC.**



Principal Place of Business      Mailing Address

**1200 PERIWINKL WAY  
 STE 4  
 SANIBEL FL 33957  
 US**

**1200 PERIWINKLE WAY  
 STE 4  
 SANIBEL FL 33957  
 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0513552**       Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHILLING, MICHAEL L  
 1200 PERIWINKLE WAY #4  
 SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City      **FL**      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 \_\_\_\_\_

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHILLING, MICHAEL L</b>	
STREET ADDRESS	<b>13451-16 MCGREGOR BLVD.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASEN, MATTHEW</b>	
STREET ADDRESS	<b>497 LAKE MUREX CIR.</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOSTER, R. JAMES</b>	
STREET ADDRESS	<b>3754 S.E. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOSTER, KIPP</b>	
STREET ADDRESS	<b>3754 S.E. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Asen, Matthew</b>	
STREET ADDRESS	<b>14781 Jonathan Harbour Dr</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33908</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 - PRES MICHAEL L. SCHELLING      472-1998      2-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #