


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P9400060543**

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



Principal Place of Business      Mailing Address

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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

1st MOORE      CR2E034 (10/07)

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 registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	D <input type="checkbox"/> Delete
NAME	SCHILLING, MICHAEL L
STREET ADDRESS	13451-16 MCGREGOR BLVD.
CITY-STATE-ZIP	FT MYERS FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	ASEN, MATTHEW
STREET ADDRESS	1478 JONATHAN HARBOR DR
CITY-STATE-ZIP	FORT MYERS FL 33908
TITLE	D <input type="checkbox"/> Delete
NAME	FOSTER, R. JAMES
STREET ADDRESS	3754 S.E. OCEAN BLVD.
CITY-STATE-ZIP	STUART FL 34996
TITLE	D <input type="checkbox"/> Delete
NAME	FOSTER, KIPP
STREET ADDRESS	3754 S.E. OCEAN BLVD.
CITY-STATE-ZIP	STUART FL 34996
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000830649
CITY-STATE-ZIP	02/26/08-80091-018 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 a father like empowered.

SIGNATURE:       2.14.08 29851.6289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR