

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060543

FILED
Jan 14, 2009
Secretary of State

Entity Name: SANIBEL MAJIK, INC.

Current Principal Place of Business:

1200 PERIWINKL WAY
STE 4
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

1200 PERIWINKLE WAY
STE 4
SANIBEL, FL 33957 US

New Mailing Address:

1200 PERIWINKL WAY
STE 4
SANIBEL, FL 33957 US

FEI Number: 65-0513552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLING, MICHAEL L
1200 PERIWINKLE WAY #4
SANIBEL, FL 33957 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: D () Delete
Name: SCHILLING, MICHAEL L
Address: 13451-16 MCGREGOR BLVD.
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: ASEN, MATTHEW
Address: 1478 JONATHAN HARBOR DR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: FOSTER, R. JAMES
Address: 3754 S.E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: FOSTER, KIPP
Address: 3754 S.E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

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 exemption stated in Chapter 119, 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: MICHAEL SCHILLING

D

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date