


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 278087**  
 1. Entity Name  
**MAGNUSON CORPORATION**



Principal Place of Business      Mailing Address  
**100 PARNELL STREET**      **100 PARNELL STREET**  
**MERRITT ISLAND, FL 32953**      **MERRITT ISLAND, FL 32953**



04192005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-1057343**

Associated For  
 Not Associated

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

6. Name and Address of Current Registered Agent  
**MOYNAHAN, JOHN H JR**  
**100 PARNELL ST**  
**MERRITT IS, FL 32953**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IORIO, LAURAM
STREET ADDRESS	100 PARNELL ST
CITY ST ZIP	MERRITT IS, FL 32953
TITLE	ATD
NAME	MOYNAHAN, STEPHEN N
STREET ADDRESS	100 PARNELL ST
CITY ST ZIP	MERRITT IS, FL 32953
TITLE	VD
NAME	MOYNAHAN, NANCYE M
STREET ADDRESS	100 PARNELL ST
CITY ST ZIP	MERRITT IS, FL 32953
TITLE	SD
NAME	MOYNAHAN, JOHN H JR
STREET ADDRESS	100 PARNELL ST
CITY ST ZIP	MERRITT IS, FL 32953
TITLE	P
NAME	MOYNAHAN, JOHN H
STREET ADDRESS	100 PARNELL ST
CITY ST ZIP	MERRITT IS, FL 32953
TITLE	D
NAME	MOYNAHAN, DAVID F
STREET ADDRESS	100 PARNELL ST
CITY ST ZIP	MERRITT IS, FL 32953

U00000322781  
 04/22/05-80027-015 150.00

**DO NOT WRITE IN THIS SPACE**

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 a "other" like empowered.

SIGNATURE:  **John H Moynahan Jr V.P.** 19 April 05 321 449 9501

SEAL AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR