

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003011

1. Entity Name
MAGICAL ATTRACTIONS, INC.



Principal Place of Business

4157 CHAIN BRIDGE ROAD
FAIRFAX, VA 22030

Mailing Address

4157 CHAIN BRIDGE ROAD
FAIRFAX, VA 22030

FILED

04 MAY -3 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192004⁰ No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2036136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENSON, ALBERT
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
REITHOFFER, RICHARD H
9022 WIGGINS ROAD
GIBSONTON, FL 33534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PUGH, ROBERT
9022 WIGGINS ROAD
GIBSONTON, FL 33534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
REITHOFFER, MARIANNE
9022 WIGGINS ROAD
GIBSONTON, FL 33534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800036196348
05/12/04--01037--007 **150.00

KH

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

703-591-2420

Daytime Phone