


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F63327 1. Entity Name MAGNUSON INDUSTRIES, INCORPORATED	
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Principal Place of Business 1200 S. PINELLAS AVENUE STE. 9 TARPON SPRINGS, FL 34689 US	Mailing Address P O BOX 1149 TARPON SPRINGS, FL 34689 US
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DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2155680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAGNUSON, JERRY 1200 S. PINELLAS AVENUE TARPON SPRINGS, FL 34689

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IN THIS SPACE**

B. 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGNUSON, JERRY U.S. HIGHWAY 19, NORTH PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGNUSON, STUART 3001 KISHWAUKEE STREET ROCKFORD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAGNUSON, NANCY GOUGH 3001 KISHWAUKEE STREET ROCKFORD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/21/04-80018-012 150.00

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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 all other like empowered

SIGNATURE <u>Gerald M. Magnuson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>41904 727-937-8358</u> <small>Office Phone #</small>
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