

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F89150**

1. Entity Name  
**MAGNUM INVESTMENTS OF TALLAHASSEE, INC.**



Principal Place of Business      Mailing Address  
4412 W PENSACOLA      PO BOX 2200  
TALLAHASSEE, FL 32304      TALLAHASSEE, FL 32316-2200 US



03222005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2202706**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCKENZIE, T L  
4412 W PENSACOLA  
TALLAHASSEE, FL 32304

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE      PD  
NAME      MCKENZIE, T L  
STREET ADDRESS      4412 W PENSACOLA  
CITY-ST-ZIP      TALLAHASSEE, FL

TITLE      V  
NAME      MCKENZIE, MARY LYNN  
STREET ADDRESS      4412 W PENSACOLA ST  
CITY-ST-ZIP      TALLAHASSEE, FL 32304

TITLE  
NAME  
STREET ADDRESS  
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04/07/05-80068-007 150.00

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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: *T. L. McKenzie* - T. L. MCKENZIE      04/07/05      800-575-0669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #