

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83728

Entity Name: MAGECK SOUTH, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

% JOHN CHARLES HEekin
21202 - C2 OLEAN BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

% JOHN CHARLES HEekin
P O BOX 494307
PORT CHARLOTTE, FL 339494307 US

New Mailing Address:

FEI Number: 59-2369874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEEKIN, JOHN CHARLES
21202 - C2 OLEAN BLVD.
PORT CHARLOTTE, FL 33952

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: DP () Delete
Name: LEACH, KENDALL,
Address: 8388 BURWELL CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DVP () Delete
Name: LEACH, CARLENE A.,
Address: 8388 BURWELL CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: KENDALL LEACH

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date