2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# L01000016882

Entity Name: MAJIC SERVICES, LC

Current Principal Place of Business:

370 15TH AVENUE S
STE A
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

370 15TH AVENUE S
STE A
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 01-6181673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSTON, MICHAEL A
370 15TH ST S
JACKSONVILLE BEACH, FL 32250 US

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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	JOHNSTON, MICHAEL A	
Address:	370 15TH AVENUE S	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	ST	( ) Delete
Name:	KINT, DONNA M	
Address:	136 INDIAN HAMMOCK LANE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	VP	( ) Delete
Name:	FLEMINA, FARRELL	
Address:	26 COUNTRY CLUB DR	
City-St-Zip:	PORT WASHINGTON, NY 11050	
Title:	VP	( ) Delete
Name:	JOHNSTON, DAVID	
Address:	60 LAUREL STREET	
City-St-Zip:	FLORAL PARK, NY 11001	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	KING, DONNA M	
Address:	136 INDIAN HAMMOCK LANE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	VP	(X) Change ( ) Addition
Name:	FLEMING, FARRELL	
Address:	26 COUNTRY CLUB DR	
City-St-Zip:	PORT WASHINGTON, NY 11050	
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONNA M KING ST 07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date