

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005181

1. Entity Name
MAAGIC, INC.



Principal Place of Business
**219 BENNETT DRIVE
WINTER SPRINGS, FL 32708**

Mailing Address
**219 BENNETT DRIVE
WINTER SPRINGS, FL 32708**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0466395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTCHER, STEVEN R
219 BENNETT STREET
WINTER SPRINGS, FL 32708**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000355433
05/03/05-80148-006 61.25**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | P |
| NAME | LOVE-KERN, MIA G |
| STREET ADDRESS | 3811 LORNE CT. |
| CITY - ST - ZIP | APOPKA, FL 32712 |
| TITLE | SECT |
| NAME | BUTCHER, CYNTHIA J |
| STREET ADDRESS | 219 BENNETT STREET |
| CITY - ST - ZIP | WINTER SPRINGS, FL 32708 |
| TITLE | VP |
| NAME | KERN, KENNETH M |
| STREET ADDRESS | 3811 LORNE CT. |
| CITY - ST - ZIP | APOPKA, FL 32712 |
| TITLE | TREA |
| NAME | BUTCHER, STEVEN |
| STREET ADDRESS | 219 BENNETT STREET |
| CITY - ST - ZIP | WINTER SPRINGS, FL 32708 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**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)(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 617, 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:

Mia Love-Kern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05