

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-05-2007 90070 009 ***150.00

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DOCUMENT # P00000011426

1. Entity Name
MAG CONSULTANTS, INC.



Principal Place of Business
10935 S.E. 177TH PLACE
STE. 202
SUMMERFIELD, FL 34491

Mailing Address
10935 S.E. 177TH PLACE
STE. 202
SUMMERFIELD, FL 34491



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3624026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENTNER, KEVIN A
104 S. OLD DIXIE HWY.
LADY LAKE, FL 32169

Name Brett L. Swigert

Street Address (P.O. Box Number is Not Acceptable)
10935 SE 177th Place, #205

City Summerfield

FL Zip Code
34491

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]

3-20-07

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NATHANSON, MELVYN
STREET ADDRESS 5219 SHEA'S COVE
CITY-STATE-ZIP LADY LAKE, FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SD
NAME NATHANSON, SHEILA
STREET ADDRESS 5219 SHEA'S COVE
CITY-STATE-ZIP LADY LAKE, FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: *[Signature]* Melvyn Nathanson, Pres. X 2/20/07 X 352 347-1411

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #