

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000019581		
1. Entity Name MAGIC MOP, INC.		
Principal Place of Business 19336 WEYMOUTH DR LAND O LAKES, FL 34639	Mailing Address P.O. BOX 1158 LAND O LAKES, FL 34639	
DO NOT WRITE IN THIS SPACE		
		02082006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3285426
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PEECHER, ROY 19336 WEYMOUTH DR LAND O LAKES, FL 34639		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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PEECHER, LOURDES C 19336 WEYMOUTH DRIVE LAND O LAKES, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEECHER, ROY C 19336 WEYMOUTH DR LAND O LAKES, FL 34639	
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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 all other like empowered.		
SIGNATURE: <u><i>Lou Pecher</i></u> LOURDES PEECHER		2-8-06 813-309-1146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone