


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90070 008 \*\*\*158.75

DOCUMENT # P00000027792		
1. Entity Name MAGICAL ILLUMINATIONS, INC.		

Principal Place of Business 651 CHARLES PINCKNEY ST. ORANGE PARK FL 32073	Mailing Address 651 CHARLES PINCKNEY ST. ORANGE PARK FL 32073
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 7211 COTTONWOOD COURT Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State MOOREBURG, FL	City & State MOOREBURG, FL
Zip 32068	Country UNITED STATES

4. FEI Number 59-3635032	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCOTT JENKINS, CHRISTOPHER 651 CHARLES PINCKNEY ST. ORANGE PARK FL 32073	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P JENKINS, CHRISTOPHER S 651 CHARLES PINCKNEY ST ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Christopher Scott Jenkins CHRISTOPHER SCOTT JENKINS 2/21/07 (904-272-7878)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #