

2005 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P00000110966
 1. Entity Name
 SONIA MAGRUDER, INC.



FILED
 05 MAY -5 PM 4: 21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01272005 No Chg-P CR2E034 (10/03)

Principal Place of Business
 5938 RIVER ROAD
 NEW PORT RICHEY, FL 34652

Mailing Address
 5938 RIVER ROAD
 NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3683361 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MAGRUDER, SONIA
 5938 RIVER ROAD
 NEW PORT RICHEY, FL 34652

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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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAGRUDER, SONIA 5938 RIVER ROAD NEW PORT RICHEY, FL 34652
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sonia Magruder* 4/31/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #