

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000013907

1. Entity Name
NETWORKING MAGIC, INC.



Principal Place of Business
55 INLET HARBOR
STE 121
PONCE INLET, FL 32127

Mailing Address
55 INLET HARBOR
STE 121
PONCE INLET, FL 32127

DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3694447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JORDAN, MICHELE J
5683 RIVERSIDE DRIVE
PORT ORANGE, FL 32127

**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

MICHELE JORDAN PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent appointment required when reinstating)

2/18/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JORDAN, MICHELE J
STREET ADDRESS	5683 RIVERSIDE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VTSD
NAME	JORDAN, THOMAS J
STREET ADDRESS	5683 RIVERSIDE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:

Michele Jordan President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04
DATE

386 322 0797
DAYTIME PHONE #