


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000022959
1. Entity Name
ZIGMONT MAGIC F/X, INC.



Principal Place of Business Mailing Address
1206 BARONWOOD PLACE 1206 BARONWOOD PLACE
BRANDON, FL 33510 BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

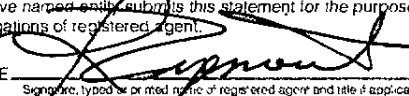
4. FEI Number 59-3700575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIGMONT, LISA
1206 BARONWOOD PLACE
BRANDON, FL 33510

**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  **LISA ZIGMONT SECRETARY/TREASURER** 1/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

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

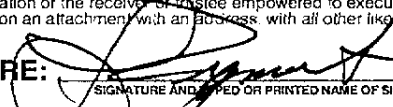
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIGMONT, STEVEN P 1206 BARONWOOD PLACE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZIGMONT, LISA K 1206 BARONWOOD PLACE BRANDON, FL 33510
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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:  **LISA ZIGMONT - ST** 1/12/05 813-689-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #