


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000035955 1. Entity Name MAGIC MASONRY, INC.	
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Principal Place of Business 11835 DUVAL RD. JACKSONVILLE, FL 32218	Mailing Address 11835 DUVAL RD. JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE



08242005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0400938	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

COLE, FRANK H JR.
76 S. LAURA ST., SUITE 1700
JACKSONVILLE, FL 32202

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, ERNEST T JR. 11835 DUVAL RD. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, BRENDA H 11835 DUVAL RD. JACKSONVILLE, FL 32218
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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: Branda H. Reed Branda H. REED Aug 24, 2005 904 764 4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #