

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000058500**

1. Entity Name  
**MAG CLIP CORP**



Principal Place of Business  
**2681 AIRPORT ROAD SOUTH  
NAPLES, FL 34112 US**

Mailing Address  
**2681 AIRPORT ROAD SOUTH  
NAPLES, FL 34112 US**

**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1112491**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PITKIN, JERALD R ESQUIRE  
801 ANCHOR RODE DRIVE  
SUITE 203  
NAPLES, FL 34112**

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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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
HUNLOCK, HOWARD  
225 GROSBEAK LANE  
NAPLES, FL 34112**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
PITKIN, JERALD  
801 ANCHOR RD DRIVE  
NAPLES, FL 34112**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JOYCE, JAMES  
2174 MORNING SUN LANE  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000106215  
U4/U8/U4-80006-019 150.00

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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:**

*Howard L. Hunlock*  
**HOWARD L. HUNLOCK**

*4/8/04*  
Date

*(239) 775-2669*  
Daytime Phone #