

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90074 039 \*\*\*150.00

**DOCUMENT # P01000121885**

1. Entity Name

MAGDALEIN, STRATTON & ASSOCIATES, INC.



Principal Place of Business

5001 RIPPLE RUSH DRIVE NORTH  
JACKSONVILLE FL 32257

Mailing Address

5001 RIPPLE RUSH DRIVE NORTH  
JACKSONVILLE FL 32257



2. Principal Place of Business

4686 SUNBEAM RD

Suite, Apt. #, etc.

#204

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

3. Mailing Address

4686 SUNBEAM RD.

Suite, Apt. #, etc.

204

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

26-0011387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAGDALEIN, KIM  
5001 RIPPLE RUSH DRIVE NORTH  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

KIM MAGDALEIN

Street Address (P.O. Box Number is Not Acceptable)

4686 SUNBEAM ROAD

#204

City

JACKSONVILLE

FL

Zip Code

32257

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be**

**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME MAGDALEIN, KIM ☐ Delete  
STREET ADDRESS 5001 RIPPLE RUSH DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE DVS  
NAME STRATTOY, ERIC ☐ Delete  
STREET ADDRESS 5001 RIPPLE RUSH DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition  
NAME ~~KIM~~ MAGDALEIN, KIM  
STREET ADDRESS 4686 SUNBEAM RD #204  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DVS ☒ Change ☐ Addition  
NAME STRATTON, ERIC  
STREET ADDRESS 4686 SUNBEAM RD. #204  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/06

(904) 465-0943

Daytime Phone #