

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90085 010 ***150.00

DOCUMENT # P02000011313

1. Entity Name
JOHNNY MAG SAX, INC.



Principal Place of Business
**210 SW 45TH ST.
CAPE CORAL, FL 33914**

Mailing Address
**210 SW 45TH ST.
CAPE CORAL, FL 33914**

50010892



2. Principal Place of Business
14238 COLONIAL GRAND BLVD.

3. Mailing Address
14238 COLONIAL GRAND BLVD.

Suite, Apt. #, etc.
2811

Suite, Apt. #, etc.
APT. # 2811

01262005 Chg-P CR2E034 (10/03)

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
42-1528590

Applied For
☐ Not Applicable

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

Zip
32837-4861

Country

Zip
32837-4861

Country

6. Name and Address of Current Registered Agent
**MAGNUSON, JOHN M
210 SW 45TH ST.
CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
14238 COLONIAL GRAND BLVD. # 2811
City
ORLANDO, FL Zip Code
32837

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 *John Magnuson* DATE **2/2/05**

(NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGNUSON, JOHN M		NAME		
STREET ADDRESS	210 SW 45TH ST.		STREET ADDRESS	14238 COLONIAL GRAND BLVD. # 2811	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	ORLANDO, FL 32837-4861	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *John Magnuson* DATE **2/2/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #