

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000080710

1. Entity Name  
MAGIC ICE CREAM, INC.



Principal Place of Business  
5487 W BRONSON HWY 192  
KISSIMMEE, FL 34746

Mailing Address  
4949 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-1181653

Applied For
Not Applicable

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

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

PULLEN, TOM R SR  
4949 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837

**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 \_\_\_\_\_ (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  
After May 1, 2006 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 PPULLEN, SR., TOM 4949 BRIGHTMOUR CIRCLE ORLANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PULLEN, BARBARA 4949 BRIGHTMOUR CIRCLE ORLANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000557638  
05/17/06-80060-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attached statement with an address with another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #