

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120443

1. Entity Name
MAJIC VENTURES INC.



Principal Place of Business
504 RYDER CUP CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

Mailing Address
504 RYDER CUP CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1137984

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KNOX, MARJORIE M
504 RYDER CLUB CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE PD
NAME KNOX, MARJORIE M
STREET ADDRESS 504 RIVER CLIP CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE STD
NAME CHASE, JEAN A
STREET ADDRESS 12335 76TH ROAD NO.
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/08/05-80049-010 150.00

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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: *marjorie m Knox President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-627-4457