2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000001849

RON MAGEE AND ASSOCIATES, INC.

Principal Place of Business

1. Entity Name

809 VIA DE LUNA PENSACOLA BEACH, FL 32561 Mailing Address

809 VIA DE LUNA

PENSACOLA BEACH, FL 32561

FILED Apr 25, 2008 08:00 AM **Secretary of State**



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04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1047101

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HICKEY, RAYMOND G 913 GULF BREEZE PKWY #5 GULF BREEZE, FL 32561

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.

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

(NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE MAGEE, SAMANTHA S STREET ADDRESS 809 VIA DE LUNA PENSACOLA BEACH, FL 32561 CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE

IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 eceiver 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 atta-

SIGNATURE