

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000001849

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** RON MAGEE AND ASSOCIATES, INC.

**Current Principal Place of Business:**

809 VIA DE LUNA  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

14 LIVE OAK STREET  
E  
GULF BREEZE, FL 32561

**Current Mailing Address:**

809 VIA DE LUNA  
PENSACOLA BEACH, FL 32561

**New Mailing Address:**

14 LIVE OAK STREET  
E  
GULF BREEZE, FL 32561

**FEI Number:** 33-1047101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MAGEE, SAMANTHA S  
809 VIA DE LUNA DRIVE  
PENSACOLA BEACH, FL 32561 US

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.

**SIGNATURE:** SAMANTHA S. MAGEE

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MAGEE, SAMANTHA S  
**Address:** 809 VIA DE LUNA  
**City-St-Zip:** PENSACOLA BEACH, FL 32561

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SAMANTHA S. MAGEE

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date