

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096153

Entity Name: THE MAGSON COMPANY

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

150 CALLE ELJARDIN
101
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

108 CORBATA LANE
ST. AUGUSTINE, FL 32095

Current Mailing Address:

150 CALLE ELJARDIN
101
ST. AUGUSTINE, FL 32095

New Mailing Address:

108 CORBATA LANE
ST. AUGUSTINE, FL 32095

FEI Number: 03-0527024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ
LASMAN & ASSOCIATES, P.A.
115 PROVIDENCE ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAGUIRE, KAREN M
Address: 150 CALLE ELJARDIN #101
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DV () Delete
Name: NELSON, KEN
Address: 1230 STRATHMORE DRIVE
City-St-Zip: SOUTHLAKE, TX 76092

Title: DS () Delete
Name: NELSON, SHARON
Address: 1230 STRATHMORE DRIVE
City-St-Zip: SOUTHLAKE, TX 76092

Title: DT () Delete
Name: MAGUIRE, TIMOTHY R
Address: 150 CALLE ELJARDIN #101
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MAGUIRE, KAREN M
Address: 108 CORBATA LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DV (X) Change () Addition
Name: NELSON, KEN
Address: 1516 MAIN ST.
City-St-Zip: SOUTHLAKE, TX 76092

Title: DS (X) Change () Addition
Name: NELSON, SHARON
Address: 1516 MAIN ST.
City-St-Zip: SOUTHLAKE, TX 76092

Title: DT (X) Change () Addition
Name: MAGUIRE, TIMOTHY R
Address: 108 CORBATA LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN M. MAGUIRE

PRES

04/28/2007

Electronic Signature of Signing Officer or Director

Date