

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101610

FILED  
Apr 18, 2004  
Secretary of State

Entity Name: MAGNUS INVESTMENTS, INC.

**Current Principal Place of Business:**

140 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 587  
SEBRING, FL 33871

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

RHOADES, CLIFFORD R  
227 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33870

**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: D ( ) Delete  
Name: MCJUNKIN, NEVILLE  
Address: 1730 SUNSET LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: MCJUNKIN, MARSHALL  
Address: 180 PARK LAND DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: ABLES, CLIFFORD M III  
Address: 551 SOUTH COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NEVILLE MCJUNKIN

D

04/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date