

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90155 023 \*\*\*150.00

DOCUMENT # P04000034671

1. Entity Name  
THE MAGNES GROUP, INC.



Principal Place of Business  
7661 MARTHAS WAY  
NAVARRE, FL 32566

Mailing Address  
P O BOX 5926  
NAVARRE, FL 32566

50009204



2755 Gulf Breeze Pkwy 3749 D Gulf Breeze

2. Principal Place of Business

3. Mailing Address

~~2961 CORAL STRIP PKWY.~~

~~2961 CORAL STRIP PKWY.~~ #413

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-P CR2E034 (11/05)

City & State  
GULF BREEZE, FL

City & State  
GULF BREEZE, FL

4. FEI Number  
77-0627173

Applied For  
Not Applicable

Zip  
32563

Country  
US

Zip  
32563

Country  
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGNES, SCOTT  
7661 MARTHAS WAY  
NAVARRE, FL 32566

Name  
MAGNES, SCOTT

Street Address (P.O. Box Number is Not Acceptable)

2961 CORAL STRIP PKWY.

City 32563 GULF BREEZE FL Zip Code 32563

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME MAGNES, SCOTT ☐ Delete  
STREET ADDRESS P O BOX 5926  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE PT  
NAME MAGNES, SCOTT ☒ Change ☐ Addition  
STREET ADDRESS 2961 CORAL STRIP PKWY.  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE VPS  
NAME MAGNES, CHERYL ☐ Delete  
STREET ADDRESS P O BOX 5926  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE VPS  
NAME MAGNES, CHERYL ☒ Change ☐ Addition  
STREET ADDRESS 2961 CORAL STRIP PKWY.  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Cheryl Magnes, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

850 932 4946  
Date Daytime Phone #