

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90198 041 \*\*\*150.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P04000039710</b>  |  |  |   |  |  |
| <b>1. Entity Name</b><br>MAGIC TOUCHLESS CORP., INC.  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>6633 CAROLINE ST<br>MILTON, FL 32570  |  |  | <b>Mailing Address</b><br>6633 CAROLINE ST 4970 Joiner Circle<br>MILTON, FL 32570 Milton FL 32583 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                                      |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| City & State  |  | City & State   |   |   |  |
| Zip   | Country  | Zip  | Country   | <b>4. FEI Number</b><br>02282007 Chg-P CR2E034 (12/06)<br><b>APPLIED FOR</b>      |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| FITZGERALD, J. PAUL ESQUIRE<br>6839 CAROLINE ST<br>MILTON, FL 32570   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                 |   |  |
| <b>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</b>   |  |  |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | DP<br>JOINER, JODY<br>6633 CAROLINE ST<br>MILTON, FL 32570           | <input type="checkbox"/> Delete                                |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | VST<br>JOINER, WILLIAM LAMAR<br>6633 CAROLINE ST<br>MILTON, FL 32570 | <input type="checkbox"/> Delete                                |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Delete                                      |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Delete                                      |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Delete                                      |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Delete                                      |  |   |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST- ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |   |   |  |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> _____ Jody Joiner 3/15/07 850-626-6350<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |   |   |  |