

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90044 027 ***150.00

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02072005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000045399 1. Entity Name MAGRATH CORPORATION					
Principal Place of Business 5795 ST. CHARLES PRADO ORLANDO, FL 32822			Mailing Address 5795 ST. CHARLES PRADO ORLANDO, FL 32822		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 200896779	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WARNER, JODY R 15300 WEST COLONIAL DR. APT. # 805 WINTER GARDEN, FL 34777					
7. Name and Address of New Registered Agent Name HAI PHUOC LA Street Address (P.O. Box Number is Not Acceptable) 713 REFLECTIONS DRIVE City WINTER HAVEN FL Zip Code 33884					
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 President DATE 1/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARNER, JODY R 15300 WEST COLONIAL DR. APT. # 805 WINTER GARDEN, FL 34777		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-3 YEARS HAI PHUOC LA 713 REFLECTIONS DRIVE WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAYLOR, MICHAEL J 15300 WEST COLONIAL DR. APT. # 805 WINTER GARDEN, FL 34777		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LOC NGUYEN 405 BARKIN RD WINTER HAVEN 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARNER, JODY R 15300 WEST COLONIAL DR. APT. # 805 WINTER GARDEN, FL 34777		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAYLOR, MICHAEL J 15300 WEST COLONIAL DR. APT. # 805 WINTER GARDEN, FL 34777		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/1/05 Daytime Phone # 863 521 1871		