


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2005 8:00 am
Secretary of State

07-25-2005 90098 009 ***158.75

DOCUMENT # P04000116051 1. Entity Name MAJIC MIKE'S DOORS & WINDOWS, INC.					
Principal Place of Business 16 BLAKEPORT LANE PALM COAST FL 32137			Mailing Address 16 BLAKEPORT LANE PALM COAST FL 32137		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1477766	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRIMHALL, MICHAEL D 16 BLAKEPORT LANE PALM COAST FL 32137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 BRIMHALL, MICHAEL D 16 BLAKEPORT LANE PALM COAST FL 32137 <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	VP BRIMHALL, MICHAEL D 16 BLAKEPORT LANE PALM COAST FL 32137 <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	SEC BRIMHALL, MICHAEL D 16 BLAKEPORT LANE PALM COAST FL 32137 <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	TRE BRIMHALL, MICHAEL D 16 BLAKEPORT LANE PALM COAST FL 32137 <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	
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: <i>Michael D Brimhall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-19-05 (356) 303-0010 <small>Date Daytime Phone #</small>		

ATTACHMENT

66025984
P04000116051

TO WHOM IT MAY CONCERN

MASIC MIKE'S DOORS & WINDOWS IS REQUESTING
A WAIVER ON THE LATE FEES ON THE
2005 ANNUAL REPORT. THE COMPANY DID NOT
RECEIVE 1ST NOTICE ON THE MATTER. THANK YOU
FOR YOUR COOPERATION

Thank you

Michael D Brimhall
MICHAEL D Brimhall
President 7-19-05



ATTACHMENT

66025904

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 28, 2005

MAJIC MIKE'S DOORS & WINDOWS, INC.
16 BLAKEPORT LANE
PALM COAST, FL 32137

Subject: MAJIC MIKE'S DOORS & WINDOWS, INC.

Reference Number:

P04000116051

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI-number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc

ANNUAL REPORTS SECTION