


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90101 035 ***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 144 BIARE CASTLE DR. Suite, Apt. #, etc.		3. Mailing Address 144 BIARE CASTLE DR. Suite, Apt. #, etc.	
City & State PALM COAST FL		City & State PALM COAST FL	
Zip 32137	Country USA	Zip 32137	Country USA
4. FEI Number 20-1477766		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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 Brimhall MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 144 BIARE CASTLE DR. City PALM COAST, FL Zip Code 32137	
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 <i>Michael D Brimhall</i>		DATE 2-26-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P	BRIMHALL, MICHAEL D <input checked="" type="checkbox"/> Delete	TITLE P	Brimhall MICHAEL D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16 BLAKEPORT LANE	NAME	144 BIARE CASTLE DR
STREET ADDRESS	PALM COAST, FL 32137	STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	BRIMHALL, MICHAEL D <input checked="" type="checkbox"/> Delete	TITLE VP	Brimhall michael D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 907, 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>		DATE 2-26-06 386-503-0010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	