

ANNUAL REPORT

5/

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-02-2006 90191 010 ***150.00

DOCUMENT # P05000119011

1. Entity Name
BLUE MAGIC MFG INC



Principal Place of Business
124 LIVE OAK BLVD
CASSELBERRY, FL 32707

Mailing Address
124 LIVE OAK BLVD
CASSELBERRY, FL 32707

00011011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232006

Chg-P

CR2E034 (11/05)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

SLAYBACK, SCOTT
160 WEST EVERGREEN
211-200
LONGWOOD, FL 32750

Name

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

City

FL

Zip Code

I, 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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEB 15 \$150.00
After May 1, 2006 Fee will be \$550.00

8. 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
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
P. S
JONES, LARRY
124 LIVE OAK BLVD
CASSELBERRY, FL 32707

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

LARRY JONES - 7

3-23-06

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #

ATTACHMENT

66019811

June 13, 2006

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Enclosures

Folks;

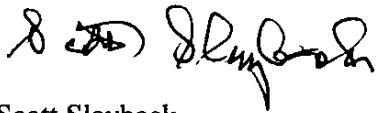
Since it has taken longer to actually get into business than we had planned, we have not yet applied for a F.E.I.N. number, as none has been needed.

However, since ya'all want us to apply, we will soon do so and enter it into our next renewal.

Though your enclosed letter is dated May 22, 2006; the postmark on your envelope is dated June 5, 2006; hence the delay in response.

If any additional requirements are needed, please let me know.

Most Sincerely:



Scott Slayback
124 Live Oak Boulevard
Fern Park, Florida 32730