

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90040 042 ***150.00

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1. Entity Name
MS MAGIC SHINE INC.



Principal Place of Business Mailing Address
**400 LAKE PLACID CT.
APT. 304
ALTAMONTE SPRINGS, FL 32701**



2. Principal Place of Business - No P.O. Box #
798 ORIENTA AVE.

3. Mailing Address
→ SAME

Suite, Apt. #, etc.

APT. G

Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State
ALTAMONTE SPRINGS, FL

City & State

4. FEI Number
20-4131765

Applied For
Not Applicable

Zip
32701

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FAULKNER, SARKA
400 LAKE PLACID CT.
APT. 304
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

Name **SARKA FALKNER**

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

798 ORIENTA AVE, APT. G

City **ALTAMONTE SPRINGS FL** Zip Code **32701**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**SARKA FALKNER
REG. AGENT 1/27/07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FAULKNER, SARKA
400 LAKE PLACID CT., APT. 304
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**798 ORIENTA AVE, APT. G
ALTAMONTE SPRINGS, FL 32701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SARKA FALKNER
PRES.**

1/27/07

407-529-8905

Date

Daytime Phone #