2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State
03-02-2007 90041 001 ***300.00

DOCUMENT # P06000036111

1. Entity Name
MAGNATRON, INC.

Principal Place of Business	Mailing Address
4157 SEABOARD RD ORLANDO FL 32808	4157 SEABOARD RD ORLANDO FL 32808

66005566

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ 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
TRIDICO, MELODY A 6113 LITTLE LAKE SAWYER DR WINDERMERE FL 34786	Name Ron S Tridico Street Address (P.O. Box Number is Not Acceptable) 4157 Seaboard Rd. City Orlando FL Zip Code 32808

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. 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-ST-ZIP	President Ron Tridico 4157 Seaboard Rd Orlando FL 32808 ☑ Delete AM	TITLE NAME STREET ADDRESS CITY ST ZIP	President Ron S. Tridico 4157 Seaboard Rd Orlando Fl 32808 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Melody Tridico 4157 Seaboard Rd. Orlando FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP Melody Tridico 4157 Seaboard Rd Orlando, Fl 32808 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	— ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 Section 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: _____ Ron Tridico 2/23/07 407-578-3426
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #