


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # P07000012490  |         |  |         |
| 1. Entity Name<br>NIGHT MAGIC INC  |         |   |         |
| Principal Place of Business<br>7072 CHADBROOK DR8IVE<br>WEEKI WACHEE, FL 34613 |         | Mailing Address<br>7072 CHADBROOK DR8IVE<br>WEEKI WACHEE, FL 34613                |         |
| 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 |

FILED

08 SEP 15 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07082008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8372389** 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  |  |
| MCRAE, RICHARD E<br>7072 CHADBROOK DRIVE<br>WEEKI WACHYEE, FL 34613 |  | Name <b>JENNIFER MCRAE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7072 CHADBROOK DRIVE</b><br>City <b>WEEKI WACHEE</b> FL Zip Code <b>34613</b> |  |

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 *Jennifer M Rae* DATE **9-12-08**  
(NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCRAE, RICHARD E<br>7072 CHADBROOK DRIVE<br>WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCRAE, JENNIFER<br>7072 CHADBROOK DRIVE<br>WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

Date

Daytime Phone #

**9-12-08 352-378-9430**