

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90045 025 \*\*\*150.00

**DOCUMENT # P94000024318**

1. Entity Name  
**MAJIK WEST, INC.**



Principal Place of Business  
**UNIVERSITY GIRLL  
7790 CYPRESS LAKE DR.  
FT. MYERS, FL 33907 US**

Mailing Address  
**7790 CYPRESS LAKE DR  
FORT MYERS, FL 33907 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0479002**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHILLING, MICHAEL L  
13451-16 MCGREGOR BLVD.  
FORT MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCHILLING, MICHAEL L
STREET ADDRESS	13451-16 MCGREGOR BLVD.
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	D
NAME	ASEN, MATTHEW
STREET ADDRESS	<del>407 LAKE MUREX CIRCLE</del> 703 TARDON BAY RD.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	FOSTER, R. JAMES
STREET ADDRESS	3754 S.E. OCEAN BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	FOSTER, KIPP
STREET ADDRESS	3754 S.E. OCEAN BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Michael L. Schilling* **MICHAEL L. SCHILLING** **V.P.** **1-9-06** **239-489-2226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #