

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90031 019 ***150.00

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1. Entity Name
MAJIK WEST, INC.



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

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



01112008 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, 2008 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	703 TARPON 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** 1-11-08 239-489-2226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #