2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000024321

1. Entity Name
MAJIK MANATEE, INC.

Principal Place of Business	Mailing Address
1347 ST LUCIE WEST BLVD PT ST LUCIE, FL 34986	3745 S.E. OCEAN BLVD. STUART, FL 34996

01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0478718
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, KIPP T
3754 SE OCEAN BLVD
STUART, FL 34996

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	497 LAKE MUREX CIRCLE
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	D
NAME	SCHILLING, EDWARD P
STREET ADDRESS	3754 S.E. OCEAN BLVD
CITY-ST-ZIP	STUART, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/04-80133-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kipp T. Foster 1/26/04 772-288-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #