

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024321

Entity Name: MAJIK MANATEE, INC.

FILED
Sep 08, 2009
Secretary of State

Current Principal Place of Business:

1347 ST LUCIE WEST BLVD
PT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

3745 S.E. OCEAN BLVD.
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0478718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHILLING, MICHAEL L
Address: 13451-16 MCGREGOR BLVD.
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: ASEN, MATTHEW
Address: 497 LAKE MUREX CIRCLE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: FOSTER, R. JAMES
Address: 3754 S.E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: FOSTER, KIPP
Address: 3754 S.E. OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: SCHILLING, EDWARD P
Address: 3754 S.E. OCEAN BLVD
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIPP T FOSTER

D

09/08/2009

Electronic Signature of Signing Officer or Director

Date