


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90004 037 \*\*\*158.75

<b>DOCUMENT # P94000056073</b>			
1. Entity Name <b>MAGASON ENTERPRISES, INCORPORATED</b>			
Principal Place of Business 7355 SAMPLE RD CORAL SPRINGS FL 33065 US		Mailing Address 7355 SAMPLE RD CORAL SPRINGS FL 33065 US	
2. Principal Place of Business <i>7355 Sample Rd</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Coral Springs, FL</i>		City & State	
Zip <i>33065</i>	Country <i>U.S.A</i>	Zip	Country
6. Name and Address of Current Registered Agent <b>DICKERSON, GARY 7355 SAMPLE ROAD CORAL SPRINGS FL 33065</b>		7. Name and Address of New Registered Agent Name: <i>Marianne Dickerson</i> Street Address (P.O. Box Number is Not Acceptable): <i>7355 Sample Rd</i> <i>Coral Springs, FL</i> City: <b>FL</b> Zip Code: <i>33065</i>	
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: <i>Marianne Dickerson</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>2-11-04</i>			
<b>FILE NOW!!! FEE IS \$150.00 + \$8.75</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: P <input type="checkbox"/> Delete	NAME: DICKERSON, MARIANNE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7355 SAMPLE RD	CITY-ST-ZIP: CORAL SPRINGS FL 33065	NAME:	
TITLE: VP <input type="checkbox"/> Delete	NAME: DICKERSON, GARY	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7355 SAMPLE RD	CITY-ST-ZIP: CORAL SPRINGS FL 33065	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	
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: <i>Marianne Dickerson</i>		Date: <i>2-11-04</i> Daytime Phone #: <i>954-752-0161</i>	



MOORE CR2E034 (11/03)