

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90006 026 ***158.75

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1. Entity Name

MAGASON ENTERPRISES, INCORPORATED



Principal Place of Business

7355 SAMPLE RD
 CORAL SPRINGS FL 33065
 US

Mailing Address

7355 SAMPLE RD
 CORAL SPRINGS FL 33065
 US

40006575



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

7355 Sample Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

4. FEI Number

65-0611541

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKERSON, MARIANNE
 7355 SAMPLE ROAD
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Marianne Dickerson

Street Address (P.O. Box Number is Not Acceptable)

7355 Sample Rd.

City Coral Springs, FL - FL

Zip Code

33065

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

Marianne Dickerson, President

1-19-05

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 + 8.75

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P Delete
 NAME DICKERSON, MARIANNE
 STREET ADDRESS 7355 SAMPLE RD
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VP Delete
 NAME DICKERSON, GARY
 STREET ADDRESS 7355 SAMPLE RD
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Marianne Dickerson 1-19-05

954-752-0161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #