


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-26-2005 90006 026 ***158.75

DOCUMENT # P94000056073

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 |
| Zip 33065 | Country USA |

| | |
|---|--|
| 4. FEI Number 65-0611541 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | P DICKERSON, MARIANNE 7355 SAMPLE RD CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DICKERSON, GARY 7355 SAMPLE RD CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 #