

8-2-06

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2006 08:00 AM
Secretary of State

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



2. Principal Place of Business
7355 Sample Rd

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

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

7. Name and Address of New Registered Agent

DICKERSON, MARIANNE
7355 SAMPLE ROAD
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

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 Marianne Dickerson
DATE *8-25-06*

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
NAME **000000575378**
STREET ADDRESS **08/28/06-80004-005 158.75**
CITY - ST - ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
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CITY - ST - ZIP

TITLE Change Addition
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

8-25-06 254-752-0161
Marianne Dickerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #