

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 **U00000575378**  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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*  
*Marianne Dickerson*  
*254-752-0161*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #