


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P95000071485 1. Entity Name MAGLEV 2000 OF FLORIDA CORPORATION	
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Principal Place of Business 6855 TICO ROAD TITUSVILLE, FL 32780 US	Mailing Address 9 HANCOCK ST C/O T.R. WAGNER LAGUNA NIGUEL, CA 92677
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0655240	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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	D DANBY, GORDON 126 SOUND ROAD WADING RIVER, NY 11792
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, JAMES DR. 9 SOUNDVIEW DRIVE SHOREHAM, NY
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENA, JOHN 1907 ALTO STREET WEST BABYLON, NY 11704
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, THOMAS R 9 HANCOCK ST LAGUNA NIGUEL, CA 92677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/23/07-80002-021 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Wagner Apr 24, 2007 (919) 429-3703