

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90039 012 ***150.00

DOCUMENT # P95000085040

1. Entity Name
MAGNES ENTERPRISES, INC.



Principal Place of Business
2755 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 US

Mailing Address
37490 GULF BREEZE PKWY
SUITE 343
GULF BREEZE, FL 32563 US

40050139



2. Principal Place of Business - No P.O. Box #

2703 Gulf Breeze Pkwy

3. Mailing Address

Suite, Apt. #, etc.

02122008

Chg-P

CR2E034 (12/06)

City & State

Gulf Breeze

City & State

Gulf Breeze

4. FEI Number

59-3343156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGNES, SCOTT J
2961 CORAL STRIP PKWY
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name

Magnos, Scott J

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

2703 Gulf Breeze Pkwy

City

Gulf Breeze

FL

Zip Code

32563

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/18/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME MAGNES, SCOTT J. ☐ Delete
STREET ADDRESS 2961 CORAL STRIP PKWY
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE VS
NAME MAGNES, CHERYL L. ☐ Delete
STREET ADDRESS 2961 CORAL STRIP PKWY
CITY-ST-ZIP GULF BREEZE, FL 32563

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature] **Change Magnos, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

Date

Daytime Phone #