


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000000030 1. Entity Name MAGIC SANDWICH SHOPPES, INC.	
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Principal Place of Business 2137 TAMARRON TERRACE PALM HARBOR, FL 34683-4938	Mailing Address 2137 TAMARRON TERRACE PALM HARBOR, FL 34683-4938
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0761916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAJESKI, CHARLES
2137 TAMARRON TERRACE
PALM HARBOR, FL 34683**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAJESKI, CHARLES 2137 TAMARRON TERRACE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAJESKI, BARBARA 2137 TAMARRON TERR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAJESKI, CHARLES 2137 TAMARRON TERR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAJESKI, BARBARA L 2137 TAMARRON TERRACE PALM HARBOR, FL 34683
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03/21/06-80033-010 150.00

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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: *Charles Majeski President* 3-6-06 727-786-3527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone