## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 14, 2004 8:00 am Secretary of State

DOCUMENT # P97000070313  1. Entity Name GARY MAGID, INC.							07-14-2004 90005 049 ***150.00				
Principal Place of Business Mailing Address						-	лл	0.484	52		
Principal Place of Business  403 13TH AVE S  JACKSONVILLE BEACH, FL 32250 US  Mailing Address  403 13TH AVE S  JACKSONVILLE BEACH, I					44048452 32250 US					<del>-</del>	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07062004	Chg-P	CR2E	034 (10/03	3)	
City & State			City & State			4. FEI Number         Applied For           59-3459483         Not Applicable					
Zip Country			Zip Country			5. Certificate of Status Desired Sea Required Fee Required					
	6. Name	and Address of Current F	Registered Agent		Nome	7. Name and	d Address of New I	Registered	Agent		
MAGID, G 403 13 AV		· va eq	i i	Street Address	(P.O. Box Numb	per is Not Acceptable	le)				
JACKSON	VILLE BE	ACH, FL 32250		<u> </u>				··········	<u></u>		
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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  Signature. Nybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOWIII FEE IS \$150.00  9. Election Campaign Financing  \$5.00 May Be Due by September 8, 2004  Trust Fund Contribution. Added to Fees  Corporation did not receive the prior notice.											
	ue by set						<u> </u>	** * * * * *			
10.	Р	OFFICERS AND I		11.		ADDITIONS	/CHANGES-TO OF	FICERS AND			
TITLE NAME	MAGID, G	SARY	☐ Delete	TITLE	£				☐ Change	e [] Addition	
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TITLE	** ,		☐ Delete	TITLE	<del></del>				Change	e	
NAME Street address City-St-Zip					ET ADDRESS -ST-ZIP						
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NAME STREET ADDRESS CITY-ST-ZIP	1				ET ADDRESS -ST-ZIP					-	
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NAME STREET ADDRESS		ومناء ليات الماد المسيد		NAMI STRE	ET ADDRESS	يهداد الداد الداد			<del>-</del>	-	
CITY-ST-ZIP	<u> </u>			٠	-ST-ZIP						
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.  CARY MAGID  7//204  944 631 - 7316											
SIGNATURE: SIGNATURE AND TYPED OR PRINTER JAME OF SIGNING OFFICER OR DIRECTOR  Date  Date											