## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## Jan 31, 2006 08:00 AM DOCUMENT # P97000070313 **Secretary of State** GARY MAGID, INC. Principal Place of Business Mailing Address 403 13TH AVE S 403 13TH AVE S JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 CR2E034 (11/05) 01032006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3459483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired The state of the s 5. Name and Address of Current Registered Agent DO NOT WRITE MAGID, GARY 403 13 AVE S IN THIS SPACE JACKSONVILLE BEACH, FL 32250 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. (am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and life if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAGID, GARY NAME 403 13 AVE S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BCH, FL 32250 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE ППЕ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-78 TITS F NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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