

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000070313

1. Entity Name
GARY MAGID, INC.



Principal Place of Business
403 13TH AVE S
JACKSONVILLE BEACH, FL 32250 US

Mailing Address
403 13TH AVE S
JACKSONVILLE BEACH, FL 32250 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3459483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGID, GARY
403 13 AVE S
JACKSONVILLE BEACH, FL 32250

**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: *GARY MAGID* *GARY MAGID* 1-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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

000000790107
01/23/08-20021-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | MAGID, GARY |
| STREET ADDRESS | 403 13 AVE S |
| CITY-ST-ZIP | JACKSONVILLE BCH, FL 32250 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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: *GARY MAGID* GARY MAGID 1-15-08 904 247 3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
904-631-2316