

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90056 039 ***150.00

DOCUMENT # P99000080481

1. Entity Name
MAGIC COATINGS TECHNOLOGY, INC.



Principal Place of Business
224 FLAMINGO DRIVE
SANFORD, FL 32773

Mailing Address
224 FLAMINGO DRIVE
SANFORD, FL 32773

44003062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3604580

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAYNE, JACK SR.
1485 LAKEVIEW DRIVE
LOT 28
DELAND, FL 32720

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing-
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME WAYNE, JACK SR.
STREET ADDRESS 1485 LAKEVIEW DRIVE
CITY-ST-ZIP DELAND, FL 32720

TITLE D ☐ Delete
NAME WAYNE, JACK SR.
STREET ADDRESS 1485 LAKEVIEW DRIVE
CITY-ST-ZIP DELAND, FL 32720

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 488 W. Highbanks Road
CITY-ST-ZIP Debary, FL 32713

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 488 W. Highbanks Rd.
CITY-ST-ZIP Debary FL 32713

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CITY-ST-ZIP

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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 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.

SIGNATURE:

Jack F. Wayne Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04
Date

386 668-0747
Daytime Phone #