


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000080481**  
 1. Entity Name  
**MAGIC COATINGS TECHNOLOGY, INC.**



Principal Place of Business      Mailing Address  
**224 FLAMINGO DRIVE**                      **224 FLAMINGO DRIVE**  
**SANFORD, FL 32773**                      **SANFORD, FL 32773**

**DO NOT WRITE IN THIS SPACE**



03072007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3604580</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WAYNE, JACK SR.**  
**1485 LAKEVIEW DRIVE**  
**LOT 28**  
**DELAND, FL 32720**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WAYNE, JACK SR. 488 W. HIGHBANKS ROAD DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE, JACK SR. 488 W. HIGHBANKS RD. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000682873  
 04/04/07-80070-015 150.00

**DO NOT WRITE 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:** Jack F. Wayne Sr      Date 3/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #