

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024321

Entity Name: MAJIK MANATEE, INC.**Current Principal Place of Business:**1347 ST LUCIE WEST BLVD
PT ST LUCIE, FL 34986**Current Mailing Address:**3754 S.E. OCEAN BLVD.
STUART, FL 34996**FEI Number:** 65-0478718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOSTER, KIPP T
3754 SE OCEAN BLVD
STUART, FL 34996 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name SCHILLING, MICHAEL L
Address 13451-16 MCGREGOR BLVD.
City-State-Zip: FT MYERS FL 33919Title D
Name ASEN, MATTHEW
Address 497 LAKE MUREX CIRCLE
City-State-Zip: SANIBEL FL 33957Title D
Name FOSTER, R. JAMES
Address 3754 S.E. OCEAN BLVD.
City-State-Zip: STUART FL 34996Title D
Name FOSTER, KIPP
Address 3754 S.E. OCEAN BLVD.
City-State-Zip: STUART FL 34996Title D
Name SCHILLING, EDWARD P
Address 3754 S.E. OCEAN BLVD
City-State-Zip: STUART FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIPP T FOSTER

D

01/23/2014

Electronic Signature of Signing Officer/Director Detail_____
Date