

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N03000010072

Entity Name: MAJOR FOUNDATION INC.

Current Principal Place of Business:

6002 PRATT STREET
TAMAP, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

6002 PRATT STREET
TAMAP, FL 33647 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLEN, ADAM P
6002 PRATT STREET
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULLEN, ADAM P
Address: 6002 PRATT STREET
City-St-Zip: TAMPA, FL 33647 US

Title: BM () Delete
Name: SADELFELD, JOSEPH R
Address: 2423 10TH STREET NORTH
City-St-Zip: NAPLES, FL 34103 US

Title: BM (X) Delete
Name: HARLOW, DONALD M
Address: 212 PALMETTO DUNES CIRCLE
City-St-Zip: NAPLES, FL 34113 US

Title: BM () Delete
Name: ROTH, NATHAN T
Address: 1316 RORDON AVE
City-St-Zip: NAPLES, FL 34113 US

Title: BM () Delete
Name: WILLIAMS, TROY J
Address: 29515 TANSY PASS
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM MULLEN

ED

04/28/2004

Electronic Signature of Signing Officer or Director

Date