

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90383 001 \*\*\*150.00  
05-04-2004 90383 002 \*\*\*\*\*8.75

**DOCUMENT # F99000005264**

1. Entity Name  
**MAJESTIC PRODUCTS & SERVICES, INC.**



Principal Place of Business

14920 GREELEY DR.  
TAMPA, FL 33625

Mailing Address

14920 GREELEY DR.  
TAMPA, FL 33625

**66418927**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**36-4120692**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SEGAL, MAL  
14920 GREELEY DR.  
TAMPA, FL 33625

**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

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

~~000000145553~~ **AH**  
~~05/03/04 00030 006 150.00~~

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CVT  
SEGAL, MAL  
14920 GREELEY DR.  
TAMPA, FL 33625

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
SEGAL, JAN  
14920 GREELEY DR.  
TAMPA, FL 33625

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

~~000000145553~~ **VAD AH**  
~~05/03/04 00030 007 8.75~~

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **MAL SEGAL CVT** **4-29-04** **813-335-4392**