

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

**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**



05072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>36-4120692</b> | Applied For<br><input type="checkbox"/> 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**

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000851169  
08/04/08-80021-021 150.00**

**10. OFFICERS AND DIRECTORS**

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

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

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
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| CITY-ST-ZIP    |  |

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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAL P. SEGAL**

Date

**4-21-08**

Daytime Phone #

**813-335-4392**