

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90013 019 ***150.00

DOCUMENT # G92504 1. Entity Name MAJESTIC PARK HOMES, INC.					
Principal Place of Business 8300 SEMINOLE BLVD SEMINOLE, FL 33772			Mailing Address 8300 SEMINOLE BLVD SEMINOLE, FL 33772		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2401106				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLACHLAN, BRYAN K 7985-113TH STREET SEMINOLE, FL 33775			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD XXXXXX 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ramona Pettit 8300 Seminole Blvd. Seminole, Fl. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD XXXXXX 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mary Moyer 8300 Seminole Blvd. Seminole, Fl. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXX 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. David Pettit 8300 Seminole Blvd. Seminole Fl. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXX 8300 SEMINOLE BOULEVARD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Raymond Botts 8300 Seminole Blvd. Seminole, Fl. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWN, CHARLES 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard Blanchard 8300 Seminole Blvd. Seminole, Fl. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THERRIEN, STANLEY 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Irving Thomann 8300 Seminole Blvd. Seminole, Fl. 33772
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: <u>Ramona Pettit</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>Feb 120, 2006</u> Daytime Phone #: <u>727-392-4575</u>	