


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90058 002 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2401106	
Zip		Country		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, 2008 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	P GRAMS, ROGER 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BLANCHARD HOWARD 8300 SEMINOLE BLVD #204 SEMINOLE FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, MARGARET 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT IRVING THOMANN 8300 SEMINOLE BLVD #349 SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTIT, DAVID 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR UNA MAE PENNE 8300 SEMINOLE BLVD #150 SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTS, RAYMOND 8300 SEMINOLE BOULEVARD SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, HOWARD 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WARWICK, MIRIAM 8300 SEMINOLE BLVD SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THERRIEN, STANLEY 8300 SEMINOLE BLVD SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MIRIAM WARWICK - Miriam Warwick				4/7/08 121-392-4515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	