


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90098 023 \*\*\*150.00

<b>DOCUMENT # K50954</b>	
1. Entity Name <b>MAJESTIC BUILDERS, INC.</b>	

Principal Place of Business <b>7369 RIVER COUNTRY DR. SPRING HILL FL 34607 US</b>	Mailing Address <b>7369 RIVER COUNTRY DR. SPRING HILL FL 34607 US</b>
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2. Principal Place of Business <b>6122 WATERS WAY</b>	3. Mailing Address <b>6122 WATERS WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SPRING HILL, FL</b>	City & State <b>SPRING HILL, FL</b>
Zip <b>34607</b>	Country <b>US</b>

4. FEI Number <b>59-2934139</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ORLANDO, ROCCO A 7369 RIVER COUNTRY DR SPRINGHILL FL 34607</b>	
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7. Name and Address of New Registered Agent Name <b>SAME AGENT / NEW ADDRESS:</b> Street Address (P.O. Box Number is Not Acceptable) <b>6122 WATERS WAY</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34607</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>TS</b>	<input type="checkbox"/> Delete	TITLE <b>6122 WATERS WAY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ORLANDO, ROCCO A.</b>		NAME <b>SPRING HILL, FL 34607</b>	
STREET ADDRESS <b>7369 RIVER COUNTRY DR.</b>			
CITY-ST-ZIP <b>SPRING HILL FL</b>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **ROCCO A. ORLANDO** 3/16/05 (352)597-5284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #