
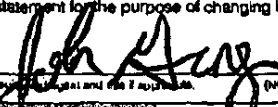
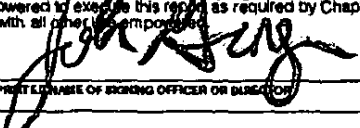


05-09-2003 90146 023 ***550.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K64703							
1. Entity Name MAJESTIC CUSTOM HOMES & DEVELOPMENT, INC.							
Principal Place of Business 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BCH, FL 33411 US			Mailing Address 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BCH, FL 33411 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0097330			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GEORGE, JOHN P. 4061 ROYAL PALM BCH BLVD ROYAL PALM BCH, FL 33411			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 			DATE 5/5/03				
FILING FEE: \$25.00 Annual Report Fee: \$55.00 Make a check payable to the Department of State			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	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GEORGE, JOHN P.		NAME				
STREET ADDRESS	4061 ROYAL PALM BCH BLVD		STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BCH, FL		CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GEORGE, JOHN P.		NAME				
STREET ADDRESS	4061 ROYAL PALM BCH BLVD		STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BCH, FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROY, GLENN		NAME				
STREET ADDRESS	4061 ROYAL PALM BEACH BLVD		STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEVIS, BRAD		NAME				
STREET ADDRESS	4061 ROYAL PALM BEACH BLVD		STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		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 information.							
SIGNATURE: 			DATE: 5/5/03 561-790-2068				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE City/State Phone #				

CR2004 (10/02)