


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # L37816 1. Entity Name MAJESTIC FOODS INCORPORATED	
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Principal Place of Business 315 EAST LAKE BRANTLEY DR. LONGWOOD, FL 32779	Mailing Address 315 EAST LAKE BRANTLEY DR. LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



05232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3012736	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

**WHITSON, SUSAN C.
315 EAST LAKE BRANTLEY DR.
LONGWOOD, FL 32779**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITSON, SUSAN C. 315 EAST LAKE BRANTLEY DR. LONGWOOD, FL 32779
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**DO NOT WRITE
IN THIS SPACE**

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 507, 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: *Susan C. Whitson* **10-2-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #