


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-26-2004 90008 013 ****61.25

DOCUMENT # N03000004413	
1. Entity Name MAJES HOMES INC	

Principal Place of Business 1011 OLD GAINESVILLE HWY INTERLACHEN FL 32148	Mailing Address 1011 OLD GAINESVILLE HWY INTERLACHEN FL 32148
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 20 0030365	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EPPS, JOSEPH SR 1011 OLD GAINESVILLE HWY INTERLACHEN FL 32148

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 \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME EPPS, ELLA M	
STREET ADDRESS 1011 OLD GAINESVILLE HWY	
CITY-ST-ZIP INTERLACHEN FL 32148	
TITLE VP	<input type="checkbox"/> Delete
NAME EPPS, JOSEPH SR	
STREET ADDRESS 1011 OLD GAINESVILLE	
CITY-ST-ZIP INTERLACHEN FL 32148	
TITLE SEC	<input type="checkbox"/> Delete
NAME EPPS, JOSEPH JR	
STREET ADDRESS 1105 TAMDRON PKY	
CITY-ST-ZIP SMYRNA GA 30080	
TITLE TR	<input type="checkbox"/> Delete
NAME REMBERT, BEATRICE	
STREET ADDRESS 2440 A SOUTH 10TH ST	
CITY-ST-ZIP FT LENS WA 98433	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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: Joseph Epps Joseph Epps 2-22-04 386 684 3270