

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004413

1. Entity Name

M A J E S HOMES INC



Principal Place of Business

1011 OLD GAINESVILLE HWY
INTERLACHEN FL 32148

Mailing Address

1011 OLD GAINESVILLE HWY
INTERLACHEN FL 32148



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0030365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/07)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

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	PO BOX 252	
CITY-ST-ZIP	INTERLACHEN FL 32148-0252	
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 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 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 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 9-1-07 3866843270