

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90022 009 ****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**

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

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0030365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. 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

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
EPPS, ELLA M
1011 OLD GAINESVILLE HWY
INTERLACHEN, FL 32148** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
EPPS, JOSEPH SR
1011 OLD GAINESVILLE
INTERLACHEN, FL 32148** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SEC
EPPS, JOSEPH JR
1105 TAMDRON PKY
SMYRNA, GA 30080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TR
REMBERT, BEATRICE
PO BOX 252
INTERLACHEN, FL 321480252** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Epps sr. VP 4-11-08 386-684-3270