


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90204 002 ****70.00

DOCUMENT # N06000000808 1. Entity Name MAJESTIC SAFETY COUNCIL, INC.					
Principal Place of Business 2799 FULFORD ST. DELTONA, FL 32738			Mailing Address P.O. BOX 390343 DELTONA, FL 32739		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2241339	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BATLLE, MAGDA X. 2799 FULFORD ST. DELTONA, FL 32738				Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D		TITLE		
NAME	BATLLE, MAGRA MAGDA		NAME		
STREET ADDRESS	2799 FULFORD ST		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP		
TITLE	S		TITLE		
NAME	THOMPSON, SHELBA		NAME		
STREET ADDRESS	2761 W. COVINGTON DR		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY-ST-ZIP			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: <i>Magda Batlle</i> <i>Director</i> <i>April 28-08</i> <i>586-789-1919</i>					