2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# P01000107256

Entity Name: MAJESTYK CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

2145 BREAKS LANE
CHULUOTA, FL 32766

New Principal Place of Business:

1251 SEMINOLA BLVD.
100
CASSELBERRY, FL 32707 US

Current Mailing Address:

2145 BREAKS LANE
CHULUOTA, FL 32766

New Mailing Address:

P.O. BOX 180902
CASSELBERRY, FL 32718 US

FEI Number: 80-0004499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROWLAND, JAMES S
2145 BREAKS LANE
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

ROWLAND, JAMES S
1251 SEMINOLA BLVD.
100
CASSELBERRY, FL 32707 US

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.

SIGNATURE: JAMES S. ROWLAND 03/24/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/PR ( ) Delete
Name: ROWLAND, JAMES S
Address: 2145 BREAKS LANE
City-St-Zip: CHULUOTA, FL 32766

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/VP ( ) Change (X) Addition
Name: KRUG, PETER J
Address: 3310 HORSESHOE BEND COURT
City-St-Zip: LONGWOOD, FL 32779

Title: D/ST ( ) Change (X) Addition
Name: CAPPONI, JOHN M
Address: 3365 GRAY FOX COVE
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. CAPPONI S/T 03/24/2005
Electronic Signature of Signing Officer or Director Date