


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000047918</b> 1. Entity Name MAJOR REALTY CORP.	
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Principal Place of Business 918 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	Mailing Address 918 RIDGEWOOD AVENUE HOLLY HILL, FL 32117
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**DO NOT WRITE IN THIS SPACE**



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3054566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PAQUIN, RAYMOND L 918 RIDGEWOOD AVENUE HOLLY HILL, FL 32117	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAQUIN, RAYMOND 6247 MANGO AVE BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPF CZUBYSK, MICHAEL 6247 MANGO AVE BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAQUIN, LEO A. 713 SLEEPY HOLLOW DRIVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/17/05-80043-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 607, 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:**  **RAYMOND L. PAQUIN** x 3-14-05 x 386253-4246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #