


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90029 009 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P02000121930</b><br>1. Entity Name<br><b>MAJESTIC HOMES OF VERO BEACH, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>4061 ROYAL PALM BEACH BLVD<br/>ROYAL PALM BEACH, FL 33411</b>  |   |   | Mailing Address<br><b>4061 ROYAL PALM BEACH BLVD<br/>ROYAL PALM BEACH, FL 33411</b>   |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   | 02242004    Chg-P    CR2E034 (10/03)  |  |
| 4. FEI Number<br><b>16-1650106</b>   |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>BEILLY, ROXANNE K<br/>100 NE THIRD AVE STE 280<br/>FT LAUDERDALE, FL 33301</b>  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 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> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>GEORGE, JOHN P<br/>4061 ROYAL PALM BEACH BLVD<br/>ROYAL PALM BEACH, FL 33411</b> | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>DIRECTOR, PRESIDENT<br/>JOHN P. GEORGE<br/>2442 BAY VILLAGE CIRCLE<br/>PALM BEACH GARDENS, FL 33410</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 correct 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 the like empowered. |   |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |   |  |
| Date <b>3/10/04</b> Daytime Phone # <b>561-790-1491</b>  |   |   |   |   |  |