

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90458 021 ***158.75

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MOORE CR2E034 (11/03)

DOCUMENT # P03000008657					
1. Entity Name MAJESTIC'S VISION, INCORPORATED					
Principal Place of Business 1121 ATLANTIC AVE. OPA-LOCKA, FL 33050			Mailing Address 1121 ATLANTIC AVE. OPA-LOCKA, FL 33050		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1034738	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMPKINS, PHYLLIS W 1121 ATLANTIC AVE. OPA-LOCKA, FL 33050			Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City N/A 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 <i>Phyllis W. Simpkins</i>				DATE 04/20/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	☐ Delete	TITLE	Educational Advisor	☐ Change ☒ Addition
NAME	SIMPKINS, PHYLLIS W.		NAME	Stanley Esquire	
STREET ADDRESS	1121 ATLANTIC AVE.		STREET ADDRESS	2901 N.W. 206 St. Mia Gardens, FL	
CITY-ST-ZIP	OPA-LOCKA, FL 33050		CITY-ST-ZIP	33056	
TITLE	P	☒ Delete	TITLE	Public Relations Liaison	☐ Change ☒ Addition
NAME	SIMPKINS, WILLIAM D		NAME	Ted White	
STREET ADDRESS	1121 ATLANTIC AVE.		STREET ADDRESS	428 Olive Tree Circle West Palm Bch, FL	
CITY-ST-ZIP	OPA-LOCKA, FL 33050		CITY-ST-ZIP	33413	
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Simpkins, Phyllis W.		NAME		
STREET ADDRESS	1121 ATLANTIC AVE.		STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA, FL 33050		CITY-ST-ZIP		
TITLE	Vice President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Uretha L. Bostic		NAME		
STREET ADDRESS	496 April Avenue		STREET ADDRESS		
CITY-ST-ZIP	Deltana, FL 32725		CITY-ST-ZIP		
TITLE	Secretary	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Sandy Duncomb		NAME		
STREET ADDRESS	2901 N.W. 189th St		STREET ADDRESS		
CITY-ST-ZIP	Mia, FL 33056		CITY-ST-ZIP		
TITLE	Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Cynthia P. Hill		NAME		
STREET ADDRESS	13855 N.W. 23rd Ave Opa-Locka, FL 33054		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Phyllis W. Simpkins</i>				DATE 04/20/04 305-653-0630	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	