

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128258

FILED
Jan 25, 2007
Secretary of State

Entity Name: MAJESTIC CUSTOM HOMES, INC.

Current Principal Place of Business:

2150 E. NINE MILE ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

2150 E. NINE MILE ROAD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 33-1074732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHFORD, PAUL
4429 BAYOU RIDGE DRIVE
PACE, FL 32571 US

Name and Address of New Registered Agent:

ASHFORD, PAUL M
2150 E. NINE MILE ROAD
PENSACOLA, FL 32514 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: PAUL M. ASHFORD

01/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASHFORD, PAUL
Address: 4429 BAYOU RIDGE DRIVE
City-St-Zip: PACE, FL 32571

Title: OFF () Delete
Name: COLLINS, STEPHANIE
Address: 4429 BAYOU RIDGE DR.
City-St-Zip: PACE, FL 32571

Title: VP () Delete
Name: COLLINS, TIMOTHY
Address: 5648 BOOKER STREET
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASHFORD, PAUL
Address: 2150 E. NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: OFF (X) Change () Addition
Name: COLLINS, STEPHANIE S
Address: 5648 BOOKER STREET.
City-St-Zip: MILTON, FL 32570

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: STEPHANIE S. COLLINS

OFF

01/25/2007

Electronic Signature of Signing Officer or Director

Date