


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 025 ***550.00

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|--|--|--|---|
| DOCUMENT # P04000171964 1. Entity Name MAJAK, INC. | |  | |
| Principal Place of Business 3652 BENEVA WOODS BLVD SARASOTA, FL 34233 | | Mailing Address 3652 BENEVA WOODS BLVD SARASOTA, FL 34233 | |
| 2. Principal Place of Business 50 Central Ave Suite, Apt. #, etc. # 1105 | | 3. Mailing Address 50 Central Ave Suite, Apt. #, etc. # 1105 | |
| City & State Sarasota FL | | City & State Sarasota, FL | |
| Zip 34234 | Country | Zip 34234 | Country |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUSTON, GARY W 125 W ROMANA STREET STE 800 PENSACOLA, FL 32502 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO FRESTEL, JR, JOHN P 3652 BENEVA WOODS BLVD SARASOTA, FL 34233 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Central Ave #1105 SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECY HERSEY, JOHN P 14008 PELICAN ST PANAMA CITY BEACH, FL 32413 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14230 Royal Harbour Ct #507 Ft Myers, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 exemptions contained 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 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: <u>John P. Frestel Jr.</u> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>John P Frestel Jr</u> | |
| Date <u>8/18/06</u> | | Daytime Phone # <u>941-587-0109</u> | |

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