

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 24, 2008 8:00 am
Secretary of State**

01-24-2008 90035 001 ***150.00

DOCUMENT # P05000001477		
1. Entity Name MAJESTIC WOOD CREATIONS, INC.		

Principal Place of Business 1670 N HERCULES AVE STE A CLEARWATER, FL 33765	Mailing Address 486 WILLOW LANE PALM HARBOR, FL 34683
----------------------------------------------------------------------------------	-------------------------------------------------------------

2. Principal Place of Business - No P.O. Box # 486 Willow Lane	3. Mailing Address Suite, Apt. #, etc.
--------------------------------------------------------------------------	-------------------------------------------

City & State Palm Harbor, Florida	City & State
Zip 34683	Country USA

6. Name and Address of Current Registered Agent MCCASKILL, WILLIAM M JR. 486 WILLOW LANE PALM HARBOR, FL 34684	
-----------------------------------------------------------------------------------------------------------------------------	--

01202008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1977510

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

William M. McCaskill, Jr.

1-21-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	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	PSTD MCCASKILL, WILLIAM M JR. 486 WILLOW LANE PALM HARBOR, FL 34683	<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
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
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

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: *William M. McCaskill, Jr.* 1-21-08 727-785-9935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #