## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

' ' ANNUAL REPORT			_	100
DOCUMENT # P05000011725  1. Entity Name MAJESTIC FLEET SALES INC				' 0
				FILED
			07.5	SEP 19 PM 12: 34
Principal Place of Business 2042 CHARTER OAKS DRIVE CLEARWATER, FL 33763 Ms.Jed	Mailing Address 2042 CHARTER OAKS DRIV CLEARWATER, FL 33763	/E	CALL	BLIANT OF STATE ANASSEE, FLORIDA
Principal Place of Business - No P.O. Box # ,	3. Mailing Address			
4477 12222 AVEN.	4477 122nd Aue. N.			
Suite, Apt. #, etc.	Suite, Apt. #, etc. # G		09132007 Chg-P	CR2E034 (12/06)
Gerwater, FL.	City & State Cleaniate	F-L,	4. FEI Number 20-3514139	Applied For Not Applicable
33762 USA	Zip 33762	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current			7. Name and Address of New	
ORLOWSKI, TONY	Name To	ny M. Orlaus	kî	
2042 CHARTER OAKS DRIVE CLEARWAFER, FL 33763 MOVED		Street Address (P.O. Box Number is Not Acceptable)		
		1990 Brae Moor Dr.		
			edin	FL ટુરિંદુધક
The above named entity submits this statement for the obligations of registered agont.	r the purpose of changing its reg	istered office or registe	ered agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE MO	Sh.		9/13/	67
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered Agent signature require	od when reinstating)	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees	
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
NAME ORLOWSKI, TONY		NAME P	lows E. Tony go Brae Moor Or	Change Addition
STREET ADDRESS 2042 CHARTER OAKS DRIVE CITY-ST-ZIP CLEARWATER, FL 33763		STREET ADDRESS i9	go Brae Moor Or	- Umedin / L. 34698
TITLE	☐ Delete	TITLE	നാനാർ നിഴി	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	200109 09/25/070101	0020 **150.00
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE   NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
107LE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-SI-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with indicated on this report or supplemental report is	true and accurate and that my s	cionature shall have the	e same legal effect as if made unde	r oath: that I am an officer or director
of the corporation or the receiver or trustee empty changed, or on an attachment with an address,	owered to execute this report as i	required by Chapter 60	27, Florida Statutes; and that my nat	me appears in Block 10 or Block 11 if
SIGNATURE: 9/13/07				
SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysima Phone #				

To whom it may concern:

.

9/13/07 292

I Tany M. Oclowski did not receive my renewal papers, most likely due to both buisness and personnel location moves. My Accountent discovered this for me. Please change both addresses for me.

Thank you

Jony M. Orlowski

IM (1)

9/13/07

Cel# 727-455-6741 Shop,# 727 556-2929 Home # 727 466-9430