

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90020 011 ***150.00

DOCUMENT # P94000080018

1. Entity Name
MAJESTIC CABINETS, INC.



Principal Place of Business
 4189-B JAMES STREET
 PORT CHARLOTTE, FL 33983

Mailing Address
 4189-B JAMES STREET
 PORT CHARLOTTE, FL 33983

54004641



01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0550796 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NORRIS, L. MICHAEL
 4189-B JAMES STREET
 PORT CHARLOTTE, FL 33983

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 2/6/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NORRIS, MICHAEL L. MICHAEL
STREET ADDRESS	182 ALLWORTHY STREET
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	VP
NAME	SCHULTZ, JEFFREY D
STREET ADDRESS	3476 CONMORE ST.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948
TITLE	T
NAME	NORRIS, MICHAEL L. MICHAEL
STREET ADDRESS	182 ALLWORTHY ST.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	S
NAME	SCHULTZ, JEFFREY D
STREET ADDRESS	3476 CONMORE ST.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 941-764-1615
 Date Daytime Phone #