

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

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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
Date

941-764-1615
Daytime Phone #