

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90154 012 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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
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50019189



2. Principal Place of Business		3. Mailing Address		02162005	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0550796		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	Applied For Not Applicable		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORRIS, L. MICHAEL 4189-B JAMES STREET PORT CHARLOTTE, FL 33983			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, MICHAEL L. 182 ALLWORTHY STREET PORT CHARLOTTE, FL 33952 <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	VP SCHULTZ, JEFFREY D 3476 CONMORE ST. PORT CHARLOTTE, FL 33948 <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 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: L. MICHAEL NORRIS 2-23-05 941-764-1615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #