

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-27-2006 90256 011 ***150.00

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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**

66011090



DO NOT WRITE IN THIS SPACE

02252008 No Chg-P CR2E034 (11/05)

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: *L. MICHAEL NORRIS* *4-3-06*
Signatures, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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.
STREET ADDRESS	182 ALLWORTHY STREET
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	VP
NAME	SCHULTZ, JEFFREY D
STREET ADDRESS	3478 CONMORE ST.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948
TITLE	T
NAME	NORRIS, MICHAEL L
STREET ADDRESS	182 ALLWORTHY ST.
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	S
NAME	SCHULTZ, JEFFREY D
STREET ADDRESS	3478 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 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: *JEFFREY D. SCHULTZ* *4/18/06* *941-264-1615*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #