


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90188 028 \*\*\*150.00

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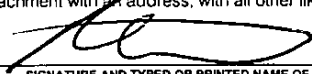


<b>DOCUMENT # P94000080018</b>			
1. Entity Name <b>MAJESTIC CABINETS, INC.</b>			
Principal Place of Business 4189 JAMES STREET PORT CHARLOTTE, FL 33983		Mailing Address 4189 JAMES STREET PORT CHARLOTTE, FL 33983	
2. Principal Place of Business - No P.O. Box # 4189 JAMES STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT CHARLOTTE FL		City & State	
Zip 33980	Country USA	Zip	Country
4. FEI Number 65-0550796		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORRIS, L. MICHAEL 4189 JAMES STREET PORT CHARLOTTE, FL 33983		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	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 P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORRIS, MICHAEL L.		NAME NORRIS L. MICHAEL	
STREET ADDRESS 182 ALLWORTHY STREET		STREET ADDRESS 182 ALLWORTHY STREET	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952		CITY-ST-ZIP PORT CHARLOTTE FL, 33954	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULTZ, JEFFREY D		NAME SCHULTZ, JEFFREY D	
STREET ADDRESS 3476 CONMORE ST.		STREET ADDRESS 3669 EDGEWOOD AVENUE	
CITY-ST-ZIP PORT CHARLOTTE, FL 33948		CITY-ST-ZIP FORT MYERS, FL 33916	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORRIS, MICHAEL L		NAME NORRIS L. MICHAEL	
STREET ADDRESS 182 ALLWORTHY ST.		STREET ADDRESS 182 ALLWORTHY STREET	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952		CITY-ST-ZIP PORT CHARLOTTE, FL 33954	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULTZ, JEFFREY D		NAME SCHULTZ, JEFFREY D	
STREET ADDRESS 3476 CONMORE ST.		STREET ADDRESS 3669 EDGEWOOD AVENUE	
CITY-ST-ZIP PORT CHARLOTTE, FL 33948		CITY-ST-ZIP FORT MYER, FL 33916	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **L. MICHAEL NORRIS PRESIDENT** 1/11/07 941-764-1615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #