

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-11-2008 90021 038 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P95000050882
 1. Entity Name
MAJ ENTERPRISES OF OCALA, INC.



Principal Place of Business Mailing Address
 9017 TUSCAN VALLEY PL 9017 TUSCAN VALLEY PL
 ORLANDO FL 32825 ORLANDO FL 32825
 US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
NEW ADDRESS!!
 327 NEE 1 CO71 00 02/16/08
 NOTIFY SENDER OF NEW ADDRESS
 WESTON, JERRY
 134 STARBOARD LN APT 804
 MERRITT IS FL 32953-4787
 BC: 32953478704 *2291-02759-15-19

4. FEI Number **65-0691115** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required
 7. Name and Address of New Registered Agent

~~WESTON, JERRY~~
~~9017 TUSCAN VALLEY PL~~
~~ORLANDO FL 32825~~
New Mailing Address

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 Jerry Weston DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WESTON, JERRY 9017 TUSCAN VALLEY PL ORLANDO FL 32825 <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	VSD WESTON, EWA 9017 TUSCAN VALLEY PL ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.
 SIGNATURE: Jerry Weston **JERRY WESTON 3-22-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page No. of Pages