

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 05, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000047091

1. Entity Name
MAJ-ROD, INC.



Principal Place of Business
**8821 ONE PUTT PLACE
SAINT LUCIE WEST, FL 34986**

Mailing Address
**8821 ONE PUTT PLACE
SAINT LUCIE WEST, FL 34986**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0757275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAHARAKO, JAMES
8821 ONE PUTT PLACE
SAINT LUCIE WEST, FL 34986**

**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 resetting)

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 **ZAHARAKO, JAMES**
STREET ADDRESS **8821 ONE PUTT PLACE**
CITY-ST-ZIP **SAINT LUCIE WEST, FL 34986**

TITLE **ST**
NAME **ZAHARAKO, DOROTHY B**
STREET ADDRESS **8821 ONE PUTT PLACE**
CITY-ST-ZIP **SAINT LUCIE WEST, FL 34986**

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04/05/04-80027-001 150.00

**DO NOT WRITE
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: _____

JAMES ZAHARAKO, PRES.

4-1-04

305-632-8633

Date

Overtime Phone #