


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90016 034 ***550.00

DOCUMENT # P97000091010 1. Entity Name MAJESCO, INC.					
Principal Place of Business 9208 EDEN AVE. HUDSON, FL 34667			Mailing Address 9208 EDEN AVE. HUDSON, FL 34667		
2. Principal Place of Business - No P.O. Box # 1269 FINLAND		3. Mailing Address 1269 FINLAND			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Springhill FL		City & State Springhill FL		4. FEI Number 59-3479114	
Zip 34609		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, MICHAEL A 9208 EDEN AVE. HUDSON, FL 34667			7. Name and Address of New Registered Agent Name MAHONEY, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1269 FINLAND City Springhill FL Zip 34609		
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 <u>Michael A Mahoney</u> Michael MAHONEY Pres 8/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DV SCHRODER, JOHN E <input checked="" type="checkbox"/> Delete 521 COLONIAL DR BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Schroder, John E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 315 Hill House Road Towne TN 38381	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAHONEY, MICHAEL A <input type="checkbox"/> Delete 1269 FINLAND DR. SPRING HILL, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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 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: <u>Michael A Mahoney</u> Michael A MAHONEY 8/5/08 352-686-9465 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					