## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

## **FILED** Jul 21, 2006 08:00 AM DOCUMENT # P98000008650 **Secretary of State** 1. Entity Name MAJOR I, INC. Principal Place of Business Mailing Address 1800 N.W. BRIGHT RIVER POINT 1800 N.W. BRIGHT RIVER POINT STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (4/06) 2nd MOORE 4. FEI Number Applied For City & State City & State 65-0808870 Not Applicable Ζφ \$8.75 Additional Country Zφ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THURLOW, THOMAS H III Street Address (P.O. Box Number is Not Acceptable) 17 MARTIN L KING JR BLVD STUART FL 34994 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing **\$5.00** May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Change Addition | ☐ Delete WILLICH, MANFRED U00000571610 07/21/06-80003-008 150.00 NAME NAME 1800 N.W. BRIGHT RIVER POINT STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE CUSTER, JOANNE 1800 N.W. BRIGHT RIVER POINT STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY - ST - ZIF ☐ Change ☐ Addition THEF. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath, 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

19NFRED WILLIAM 7/17-06
Description Value Description