

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90044 033 ***150.00

DOCUMENT # P98000105272

1. Entity Name
MAJORS HOME IMPROVEMENT, INC.



Principal Place of Business
**6433 OLD HWY. 90
MILTON, FL 32571**

Mailing Address
**6433 OLD HWY. 90
MILTON, FL 32571**



2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

Suite, Apt. #, etc

Suite, Apt. #, etc

03032007

Chg-P

CR2E034 (12/06)

City & State

Same

City & State

Same

4. FEI Number

59-3646929

Applied For

Not Applicable

Zip

32570

Country

Zip

32570

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAJORS, MICHAEL S II
4500 BAYSIDE DR.
MILTON, FL 32583**

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

3174 South Fork

City **Pace**

FL

Zip Code

32571

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 printed in block in the space provided for the registered agent and the filer, applicable

(If filer is not the registered agent, print signature of the registered agent)

(Date)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

FILE NAME STREET ADDRESS CITY ST ZIP	DELETE	FILE NAME STREET ADDRESS CITY ST ZIP	DELETE	CHANGE	ADDITION
PVTS MAJORS, MICHAEL S II 4500 BAYSIDE DR. MILTON, FL 32583	<input type="checkbox"/>	Same 3174 South Fork Pace FL 32571	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: **Michael S II Majors**

3-9-07

850-983-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number