## 2007 FOR PROFIT CORPORATION

DOCUMENT # P98000105272

## **ANNUAL REPORT**

## A TOPON

**FILED** Mar 21, 2007 8:00 am Secretary of State 03-21-2007 90044 033 \*\*\*150.00

Pictorial Floor of Business   140 F.O. Row	1. Entity Name MAJORS HOME IMPROVEMENT, INC.						7					
2. Fronceal Pison of Business - No PO Box #   3. Tolaring Address   54mm   3000 Apt # gibt   3000 Ap	Principal Plac	e of Busines:	S	Mailing Address						· u		
Suite April	6433 OLD HWY. 90 6433 OLD HWY. 90											
Suite April							1   1   1	E		<b>                                    </b>		<b>20</b> 1 /4 1001
Suite April	_ '											
City & State								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				100 11 1001
Semant	Suite, Apt.	.#, etc		Suite, Apt. #, etc				007 (	Chg-P (	CR2E034 (1	2/06)	
Second   S								)		_+ · ·	· · · · · · · · · · · · · · · · · · ·	
S. Name and Address of Current Registered Agent		<del></del>			- · · · - · · · · · · · · · · · · · · ·			\$9.75				
Name	325	70		32570			5. Cartifi	icate of Sta	tus Desired			
Stock   Address   P.O. Box Number as Not proceptables							7. Name	and Addr	ess of New Regi	stered Agent		
Stock   Address   P.O. Box Number as Not proceptables	MAN FORCE MICHAEL CIL					Name						
City   Charge   FL   Zing-Code   325.71						Street Address	s (PO Bo×N	lumber is N	ot Acceptable)			
8. The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Flonds. I am familiar with and accept the obligations of registered agent.  SIGNATURE  SIGNATURE SIG	MILTON, F	FL 32583						ain	FORL			/
8. The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Flonds. I am familiar with and accept the obligations of registered agent.  SIGNATURE  SIGNATURE SIG						City 2				FI Z	ip Code	·
SIGNATURE	8. The above	named entity	y submits this statement for the	he purpose of changing its	s register		ered agent. c	or both in t	he State of Florida			
10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS A	the obligat	tions of regist	ered agerit									
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19. Thereby certify that the information currelied with this films does not qualify for the exemptions contained in Chapter 110. Florida Statutes: I further certify that the information	PILE NAME STRET ACTRESS TO Y ST 2TT  FILE NAME STRET ACTRESS CITY ST 2TT  VALE STRET ACTRESS CITY ST 2TT  TILE NAME STREET ACTRESS CITY ST 2TT  FILE NAME STREET ACTRESS CITY ST 2TT  FILE NAME STREET ACCRESS	MAJORS, 4500 BAY	MICHAELS II SIDE DR.	Delete   D	11. TTU  AMM  VIRE  AV  TTU  AMM  AMM  AMM  AMM  AMM  AMM  AMM	E ET ALORESS P P P P P P P P P P P P P P P P P P	ADDITIO	ONS/CHAN	· · · · · · · · · · · · · · · · · · ·		hange hange hange	Addition Addition Addition

r nereuy certify that the information supplied with this filling 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 907. 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.

850-983-2899