

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000056558

1. Entity Name
MAJESTIC KINGDOM, INC.



Principal Place of Business
6710 WINKLER ROAD
SUITE 5
FORT MYERS, FL 33919 US

Mailing Address
6710 WINKLER ROAD
SUITE 5
FORT MYERS, FL 33919 US



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0930268
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDLIN, CAROLE
6710 WINKLER ROAD
SUITE 5
FORT MYERS, FL 33919

**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 reinstating) 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

U00000108211
04/09/04-80046-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARLOWE, JACK
6710 WINKLER ROAD, SUITE 5
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCQUINN, RON
7980 DENI DRIVE
N FORT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: Jack Marlowe JACK MARLOWE 4/7/04 (239) 275-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #