
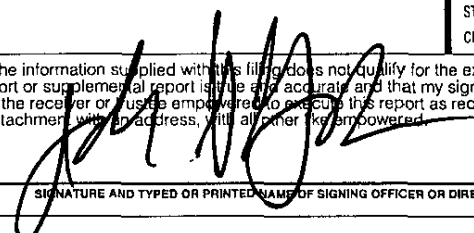


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90029 049 \*\*\*150.00

<b>DOCUMENT # P99000102284</b>					
<b>1. Entity Name</b> MAJESTIC TILE, INC.					
<b>Principal Place of Business</b> 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411			<b>Mailing Address</b> 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		<b>4. FEI Number</b> 65-0966219	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GEORGE, JOHN R 14466 68TH ST NORTH LOXAHATCHEE, FL 33470			<b>7. Name and Address of New Registered Agent</b> Name <b>JOHN P. GEORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4061 ROYAL PALM BEACH BLVD.</b> City <b>ROYAL PALM BEACH</b> FL <b>33411</b>		
<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GEORGE, JOHN P 14466 68 ST N LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR, PRESIDENT</b> JOHN P. GEORGE 2442 BAY VILLAGE CIRCLE PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> GRAYSON, JERRY 3700 S 55TH AVE GREENACRES, FL 33463	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> SPENCER LAINHART 12921 72ND COURT N. W. PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 officers empowered.</b>					
<b>SIGNATURE:</b> 			<b>3/1/04</b> <b>561-722-7971</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

94036183



02242004 Chg-P CR2E034 (10/03)