

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068028

Entity Name: MAJESTIC WEST, INC.

FILED  
Jan 25, 2011  
Secretary of State

**Current Principal Place of Business:**

5679 NAPLES BLVD.  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5679 NAPLES BLVD.  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-3524812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNETT, LISA  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLEMAN, STEPHEN D  
Address: 5679 NAPLES BLVD.  
City-St-Zip: NAPLES, FL 34109

Title: DVPS  
Name: COLEMAN, MARK L  
Address: 5679 NAPLES BLVD.  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: COLEMAN, JEFFREY  
Address: 5679 NAPLES BLVD.  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN D COLEMAN

P

01/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date