

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068028

**Entity Name:** MAJESTIC WEST, INC.

**Current Principal Place of Business:**

5679 NAPLES BLVD.  
NAPLES, FL 34109

**Current Mailing Address:**

5679 NAPLES BLVD.  
NAPLES, FL 34109

**FEI Number: 59-3524812**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

Title D  
Name COLEMAN, JEFFREY  
Address 5679 NAPLES BLVD.  
City-State-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: COLEMAN, STEPHEN**

**P**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date