

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002445

FILED
Jul 06, 2004
Secretary of State

Entity Name: MAJESTIC TERMINAL SERVICES, INC.

Current Principal Place of Business:

13920 THOMAS IMESON AVE., STE. 26
JACKSONVILLE, FL 32218

New Principal Place of Business:

13820 THOMAS IMESON AVE., STE. 26
JACKSONVILLE, FL 32218

Current Mailing Address:

PMB 114
900 MERIDIAN E STE #19
MILTON, WA 98354

New Mailing Address:

FEI Number: 91-2018453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELLA, BRIAN D
13920 THOMAS IMESON AVE., STE. 26
JACKSONVILLE, FL 32218

Name and Address of New Registered Agent:

CELLA, BRIAN D
13820 THOMAS IMESON AVE., STE. 26
JACKSONVILLE, FL 32218

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:

07/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: CELLA, BRIAN D
Address: 13920 THOMAS IMESON AVE., STE. 26
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: ANDERSON, DENNIS
Address: 161 VIA TISDELLE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: CELLA, BRIAN D
Address: 13820 THOMAS IMESON AVE., STE. 26
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN CELLA

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

Date