

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F25425 1. Entity Name MAXIJET, INC.	
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Principal Place of Business 8400 LAKE TRASK ROAD DUNDEE, FL 33838 US	Mailing Address P.O. BOX 1849 DUNDEE, FL 33838 US
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2095596	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THAYER, SUSAN S. 8400 LAKE TRASK ROAD DUNDEE, FL 33838

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THAYER, SUSAN S 5600 LAKE TRASK RD DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNSON, VIRGINIA T 5600 LAKE TRASK RD. DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THAYER, THOMAS A JR 5600 LAKE TRASK RD DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAYER, THOMAS A 5600 LAKE TRASK RD DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAYER, ANN S 5600 LAKE TRASK RD DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/05-80003-005 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SUSAN S. THAYER 1-6-05 863-439-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #