2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2006
Secretary of State

DOCUMENT# P04000134854

Entity Name: MAX STORY, P.A.

Current Principal Place of Business:

233 EAST BAY STREET, SUITE 920
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

233 EAST BAY STREET, SUITE 920
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-1668353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STORY, MAX
233 EAST BAY STREET, SUITE 920
JACKSONVILLE, FL 32202 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

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: P ( ) Delete
Name: STORY, MAX
Address: 2515 OAK STREET
City-St-Zip: JACKSONVILLE,, FL 32204 US

Title: VP (X) Delete
Name: STORY, MAX
Address: 2515 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: S (X) Delete
Name: STORY, MAX
Address: 2515 OAKS STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STORY, MAX
Address: 233 E. BAY STREET, SUTIE 920
City-St-Zip: JACKSONVILLE,, FL 32202 US

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

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 Chapter 119, 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: MAX STORY P 07/16/2006

Electronic Signature of Signing Officer or Director Date