

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000074759

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** MAXCRAFT CONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

2785 EAGLE HAVEN DRIVE  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

1590 LE BARON AVE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1590 LE BARON AVE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 27-3452106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORDEN, BRIAN  
1590 LE BARON AVE  
JACKSONVILLE, FL 32207 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: BOWEN, KRISTIEN  
Address: 2785 EAGLE HAVEN DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP  
Name: BOWEN, LOGAN  
Address: 2785 EAGLE HAVEN DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: KRISTIEN BOWEN

P

05/01/2012

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

\_\_\_\_\_ Date