

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 136694

1. Entity Name
MAXWELL AND SUBER COMPANY



Principal Place of Business
218 GRAVES ST.
BOX 349
QUINCY, FL 32353-7349

Mailing Address
218 GRAVES ST.
BOX 349
QUINCY, FL 32353-7349



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0626877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, WILLIAM M.
LAKE TALQUIN ROAD, P.O. BOX 349
QUINCY, FL 32351

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000040877
02/09/04-80065-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAXWELL, WILLIAM M.
STREET ADDRESS HIGH BRIDGE RD.
CITY-ST-ZIP QUINCY, FL

TITLE VSD
NAME SUBER, LYMAN STEWART
STREET ADDRESS LAKE TALQUIN RD.
CITY-ST-ZIP QUINCY, FL

TITLE RS
NAME POUCHER, LYNNE L.
STREET ADDRESS 474 TELOGIA CREEK ROAD
CITY-ST-ZIP QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lynne L. Poucher Lynne L. Poucher

1/12/04

850 442 6434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #