

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90041 030 \*\*\*150.00

**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

**20005821**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-0626877**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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, 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 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 1/1/05 850 442 6434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #