


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90051 041 ***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	
2. Principal Place of Business 2931 High Bridge Rd.		3. Mailing Address P. O. Box 349	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Quincy FL		City & State Quincy FL	
Zip 32351	Country US	Zip 32353 7349	Country US
6. Name and Address of Current Registered Agent MAXWELL, WILLIAM M. LAKE TALQUIN ROAD, P.O. BOX 349 QUINCY, FL 32351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2931 High Bridge Rd City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXWELL, WILLIAM M. HIGH BRIDGE RD. QUINCY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2931 High Bridge Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SUBER, LYMAN STEWART LAKE TALQUIN RD. QUINCY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5285 Pat Thomas Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS POUCHER, LYNNE L. 474 TELOGIA CREEK ROAD QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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01042006 Chg-P CR2E034 (11/05)

4. FEI Number
59-0626877 Applied For
Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #