

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 136694

1. Entity Name
MAXWELL AND SUBER COMPANY



Principal Place of Business
**2931 HIGH BRIDGE RD
QUINCY, FL 32351**

Mailing Address
**PO BOX 349
QUINCY, FL 32353-7349**



01182008 No Chg-P CR2E034 (11/05)

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
2931 HIGH BRIDGE RD
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, 2008 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	2931 HIGH BRIDGE RD
CITY- ST- ZIP	QUINCY, FL 32351
TITLE	VSD
NAME	SUBER, LYMAN STEWART
STREET ADDRESS	5285 PAT THOMAS PKWY
CITY- ST- ZIP	QUINCY, FL 32351
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	

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02/06/08-80047-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne L. Poucher

Date

1/18/08

Daytime Phone #

850 442 6434