

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 136694

Entity Name: MAXWELL AND SUBER COMPANY

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

2931 HIGH BRIDGE RD
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

PO BOX 349
QUINCY, FL 323537349

New Mailing Address:

PO BOX D
GREENSBORO, FL 323300803

FEI Number: 59-0626877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, WILLIAM M
2931 HIGH BRIDGE RD
QUINCY, FL 32351 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAXWELL, WILLIAM M.
Address: 2931 HIGH BRIDGE RD
City-St-Zip: QUINCY, FL 32351

Title: VSD () Delete
Name: SUBER, LYMAN STEWART
Address: 5285 PAT THOMAS PKWY
City-St-Zip: QUINCY, FL 32351

Title: RS () Delete
Name: POUCHER, LYNNE L.
Address: 474 TELOGIA CREEK ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNNE L. POUCHER

RS

06/24/2009

Electronic Signature of Signing Officer or Director

Date