

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 022 ***150.00

DOCUMENT # 280629

1. Entity Name

JONATHAN MAXCY, INC.



Principal Place of Business

1187 SOUTH LAKE REEDY BLVD
PO BOX 5
FROSTPROOF FL 33843

Mailing Address

PO BOX 5
FROSTPROOF FL 33843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1083749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RUTH P.
1187 SOUTH REEDY BLVD.
P.O. BOX 5
FROSTPROOF FL 33843

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SMITH, RUTH P
STREET ADDRESS 1187 S LK REEDY BLVD
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COPPS, HENRY L JR.
STREET ADDRESS 112 LAKE REGION CIR
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WIGGINGTON, PAUL
STREET ADDRESS 132 NORTH LAKE REEDY BLVD.
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE ☒ Change ☐ Addition
NAME *Wiggington, Paul*
STREET ADDRESS *4022 Loretta Ave.*
CITY-ST-ZIP *Sebring FL 33872*

TITLE ST ☐ Delete
NAME MCLEAR, MARY ANN
STREET ADDRESS 208 CHESNEY BLVD
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE ☒ Change ☐ Addition
NAME *McLean, Mary Ann*
STREET ADDRESS *208 Chesney Blvd.*
CITY-ST-ZIP *Frostproof, FL 33843*

TITLE D ☐ Delete
NAME ELLIS, CALVIN B
STREET ADDRESS 15 TEMPLE DERRY AVE
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☒ Change ☐ Addition
NAME *Ellis, Calvin B*
STREET ADDRESS *P.O. Box 1717*
CITY-ST-ZIP *Haines City, FL 33844*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ruth Pond Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05 (863) 635-2143

Date Daytime Phone #