

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90026 025 \*\*\*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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

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

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

TITLE D ☐ Delete  
NAME WIGGINGTON, PAUL  
STREET ADDRESS 4022 LORETTO AVE  
CITY-ST-ZIP SEBRING FL 33872

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

TITLE D ☐ Delete  
NAME ELLIS, CALVIN B  
STREET ADDRESS PO BOX 1717  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 exemptions contained in Section 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:

*Ruth P Smith* Ruth P Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 (863)635-2143

Date

Daytime Phone #