

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90104 007 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

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

7. Name and Address of New Registered Agent

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, 2007 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 MCLEAN, MARY A
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 ~~Smith, Newell A~~
STREET ADDRESS ~~336 Peabody Circle~~
CITY- ST- ZIP ~~Avon Park, FL 33825~~

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
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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

TITLE ☐ Change ☒ Addition
NAME ~~D~~ Smith, Newell A
STREET ADDRESS ~~336 Peabody Circle~~
CITY- ST- ZIP ~~Avon Park FL 33825~~

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

2-1-07 (863)635-2143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime Phone #