


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 280629 1. Entity Name JONATHAN MAXCY, INC.	
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Principal Place of Business 1187 SOUTH LAKE REEDY BLVD PO BOX 5 FROSTPROOF, FL 33843	Mailing Address PO BOX 5 FROSTPROOF, FL 33843
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1083749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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

U000000784510
01/16/08-80058-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RUTH P 1187 S LK REEDY BLVD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COPPS, HENRY L JR. 112 LAKE REGION CIR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINGTON, PAUL 4022 LORETTO AVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCLEAN, MARY A 208 CHESNEY BLVD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NEWELL A 336 PEABODY CIRCLE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Ruth P. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-08 (863) 635-2143
Date Daytime Phone #

Ruth P. Smith