

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 018 ***150.00

DOCUMENT # 292832

1. Entity Name

MAUS & HOFFMAN, INC.



Principal Place of Business

800 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address

800 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301



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 **59-1101601**

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

MAUS, THOMAS B.
408 S.E. 17TH AVENUE
FORT LAUDERDALE FL 33301

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: **VD** ☐ Delete
NAME: **MAUS, THOMAS B**
STREET ADDRESS: **408 S.E. 17TH AVENUE**
CITY-STATE-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: **VD** ☐ Delete
NAME: **MAUS, WILLIAM H. JR.**
STREET ADDRESS: **13 HENDRICKS ISLE**
CITY-STATE-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: **PD** ☐ Delete
NAME: **MAUS, JOHN G.**
STREET ADDRESS: **200 ARGYLE**
CITY-STATE-ZIP: **WEST PALM BEACH FL 33405**

TITLE: **STD** ☐ Delete
NAME: **HEARNE, JANE M**
STREET ADDRESS: **555 - 14TH AVENUE, SOUTH**
CITY-STATE-ZIP: **NAPLES FL 34102**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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:

Thomas B. Maus

Thomas B. Maus VP 2/23/07

954-463-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #