

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 601564

1. Entity Name
PETERS, MAXEY, SHORT & MAXEY, P.A.



Principal Place of Business
**3001 PONCE DE LEON BLVD., SUITE #200
CORAL GABLES, FL 33134**

Mailing Address
**3001 PONCE DE LEON BLVD., SUITE #200
CORAL GABLES, FL 33134**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1274047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAXEY, TOM
3001 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**

**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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSO
MAXEY, WIRT T
3001 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MAXEY, THOMAS J.
3001 PONCE DE LEON BLVD
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MAXEY, WIRT T
3001 PONCE DE LEON BLVD
CORAL GABLES, FL 00000.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHORT, EUGENE M JR.
3001 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000380320
01/23/06-80022-022 150.00

**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: WIRT T. MAXEY, VSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 305-446-7666
Date Daytime Phone #