

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90042 017 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                                                                                                                                              |                                                                              |
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| <b>DOCUMENT # 734875</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                             |                                                                              |
| 1. Entity Name<br><b>MAXIMO MOORINGS VILLAS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                              |                                                                              |
| Principal Place of Business<br>4901 38TH WAY SOUTH<br>ST. PETERSBURG, FL 33711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | Mailing Address<br>4901 38TH WAY SOUTH<br>ST. PETERSBURG, FL 33711                                                                                           |                                                                              |
| 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<br><b>59-2104866</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                       |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         | \$8.75 Additional Fee Required                                                                                                                               |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>LESSUR, JOEL</b><br><b>4925 38TH WAY S</b><br><b>#117 A</b><br><b>ST PETERSBURG, FL 33711</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                                              |                                                                              |
| <b>Filing Fee to \$81.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                               |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | Make check payable to<br>Florida Department of State                                                                                                         |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>LESSER, JOEL <i>Board member &amp; mgt</i><br>4925 38TH WAY S #117A<br>SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>MADENFORD, EDWARD <i>Board member</i><br>4901 38TH WAY S<br>SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>ALLEN, GEORGE <i>PRESIDENT</i><br>4925 38TH WAY S #12-C<br>ST. PETERSBURG, FL <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BM CREWS<br>CREWES, LINDA <i>TREASURER</i><br>4901 38TH WAY S #310C<br>SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BM<br>CABLE, ROGER <i>Delete</i><br>4913 38TH WAY S #201B<br>SAINT PETERSBURG, FL 33711                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | CHRIS LOVETT<br>4925 38TH WAY S #105 <i>Board member</i><br>SAINT PETERSBURG FL 33711                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | BERYLE KILLBRIDE<br>4901 38TH WAY S #106<br>SAINT PETERSBURG FL 33711 <i>SECRETARY</i>                                                                       |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <i>Joel Lesser mgt</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         | 3/10/05 727 8661337                                                                                                                                          |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | Date Daytime Phone #                                                                                                                                         |                                                                              |

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