
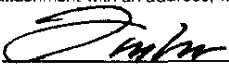


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90196 007 \*\*\*150.00

<b>DOCUMENT # F00000001524</b>					
<b>1. Entity Name</b> <b>MAXVILLE CORPORATION</b>					
<b>Principal Place of Business</b> <b>3823 OWENS ROAD</b> <b>YULEE, FL 32097</b>			<b>Mailing Address</b> <b>3823 OWENS ROAD</b> <b>YULEE, FL 32097</b>		
<b>2. Principal Place of Business</b> <b>581705 White Oak Road</b>		<b>3. Mailing Address</b> <b>581705 White Oak Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Yulee, FL</b>		<b>City &amp; State</b> <b>Yulee, FL</b>		<b>4. FEI Number</b> <b>13-4040457</b>	
<b>Zip</b> <b>32097</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DAVIS, WILLIAM H</b> <b>WHITE OAK PLANTATION</b> <b>3823 OWENS ROAD</b> <b>YULEE, FL 32097</b>			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Davis, William H</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>581705 White Oak Road</b> <b>City</b> <b>Yulee</b> <b>FL</b> <b>Zip Code</b> <b>32097</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstalling) <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CD</b> <input type="checkbox"/> Delete <b>BERGREEN, BERNARD D</b> <b>111 WEST 50TH STREET</b> <b>NEW YORK, NY 10020</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <input type="checkbox"/> Delete <b>DAVIS, WILLIAM H</b> <b>1000 OSBORNE STREET</b> <b>ST. MARYS, GA 31558</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Davis, William H</b> <b>581705 White Oak Road</b> <b>Yulee, FL 32097</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>MOODY, NATALIE P</b> <b>111 WEST 50TH STREET</b> <b>NEW YORK, NY 10020</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <input type="checkbox"/> Delete <b>CROPPER, STEPHEN W</b> <b>111 WEST 50TH STREET</b> <b>NEW YORK, NY 10020</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <input type="checkbox"/> Delete <b>GARRETT, VICTOR</b> <b>1000 OSBORNE STREET</b> <b>ST. MARYS, GA 31558</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Garrett, Victor</b> <b>581705 White Oak Road</b> <b>Yulee, FL 32097</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 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.</b>					
<b>SIGNATURE:</b>  <b>LYNN KEENE</b>		<b>4/21/04</b>		<b>904-548-1033</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	