

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002306

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: MAXUM ENTERPRISES, INC.

## Current Principal Place of Business:

7469 W. LAKE MEAD BLVD., STE. 200  
LAS VEGAS, NV 89128

## New Principal Place of Business:

## Current Mailing Address:

4862 DOGWOOD DRIVE  
MARIANNA, FL 32446

## New Mailing Address:

FEI Number: 36-4529501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, ROBERT  
4862 DOGWOOD DRIVE  
MARIANNA, FL 32446 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: BROWN, ROBERT H  
Address: 4862 DOGWOOD DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: DS ( ) Delete  
Name: BROWN, JENNIFER J  
Address: 4347 2ND AVENUE  
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete  
Name: BROWN, ALYSON F  
Address: 4862 DOGWOOD DRIVE  
City-St-Zip: MARIANNA, FL 32446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. BROWN

CPT

04/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date