

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000002867**

1. Entity Name  
**THE MAXWELL GROUP, INC.**



Principal Place of Business  
**10680 COPPER LAKE DRIVE  
BONITA SPRINGS, FL 34135**

Mailing Address  
**10680 COPPER LAKE DRIVE  
BONITA SPRINGS, FL 34135**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1520986</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**COTT, DENNIS  
10680 COPPER LAKE DRIVE  
BONITA SPRINGS, FL 34135**

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	COTT, BARBARA
STREET ADDRESS	10680 COPPER LAKE DRIVE
CITY - ST - ZIP	BONITA SPRINGS, FL 34135

TITLE	STD
NAME	COTT, DENNIS
STREET ADDRESS	10680 COPPER LAKE DRIVE
CITY - ST - ZIP	BONITA SPRINGS, FL 34135

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

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02/09/07-80055-020 150.00

**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 reports 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 any other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/07 239 947 9543