

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # F84940

1. Entity Name
MAX DAVIS ASSOCIATES, INC.



Principal Place of Business
**1101 NORTHPOINT PKWY.
SUITE B
WEST PALM BEACH, FL 33407 US**

Mailing Address
**PO BOX 3968
SOUTH BEND, IN 46619 US**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2207359

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLILE, REX
1101 NORTHPOINT PKWY
SUITE B
WEST PALM BEACH, FL 33407**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000862125

04703708-80036-017 150.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CARLILE, REX
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	VC
NAME	CARLILE, HELEN
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	P
NAME	CARLILE, DONALD
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	V
NAME	CARLILE, DEAN
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	V
NAME	RIGGS, DAVID
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	ST
NAME	RIGGS, KATHY
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08
Date

574-288-2113
Daytime Phone #