# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2011**
**Secretary of State**

DOCUMENT# F84940

**Entity Name:** MAX DAVIS ASSOCIATES, INC.

**Current Principal Place of Business:**

1101 NORTHPOINT PKWY.
SUITE B
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3968
SOUTH BEND, IN 46619 US

**New Mailing Address:**

**FEI Number: 59-2207359** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C
Name: CARLILE, REX
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: VC
Name: CARLILE, HELEN
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: P
Name: CARLILE, DONALD
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: V
Name: CARLILE, DEAN
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: V
Name: RIGGS, DAVID
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: ST
Name: RIGGS, KATHY
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

I hereby 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 all other like empowered.

SIGNATURE: DONALD CARLILE P 01/31/2011

Electronic Signature of Signing Officer or Director Date