


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

2/3/

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90040 040 \*\*\*150.00

<b>DOCUMENT # G51771</b> 1. Entity Name <b>MAXWELL &amp; HENDRY VALUATION SERVICES, INC.</b>	
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Principal Place of Business <b>12600-1 WORLD PLAZA LANE BUILDING #63 FORT MYERS, FL 33907</b>	Mailing Address <b>12600-1 WORLD PLAZA LANE BUILDING #63 FORT MYERS, FL 33907</b>
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**66004374**



**DO NOT WRITE IN THIS SPACE**

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2305022</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	

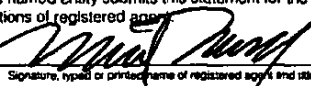
**6. Name and Address of Current Registered Agent**

**MAXWELL, W. MICHAEL  
2550 1ST ST.  
FORT MYERS, FL 33901**

**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 state if applicable.

(NOTE: Registered Agent signature required when reappointing)

**1-26-05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

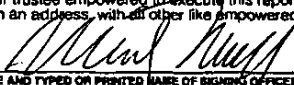
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD MAXWELL, W. MICHAEL 2550 1ST ST. FORT MYERS, FL</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V HENDRY, GERALD A 2550 1ST ST. FORT MYERS, FL</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/05**

Date

**239-337-0555**

Daytime Phone #