## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Secretary of State **DOCUMENT # G51771** 01-08-2007 90249 013 \*\*\*150.00 1. Entity Name MAXWELL & HENDRY VALUATION SERVICES, INC. Principal Place of Business Mailing Address 12600-1 WORLD PLAZA LANE 12600-1 WORLD PLAZA LANE **BUILDING #63 BUILDING #63** FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-2305022 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MAXWELL, W. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 12600-1 WORLD PLAZA LANE FORT MYERS, FL 33907 City Zip Code FL 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 tide if applicable (NOTE: Registered Agent signature required when remaining) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition TITLE Delete TIFFE ☐ Change MAXWELL, W. MICHAEL NAME NAME STREET ADDRESS 12600-1 WORLD PLAZA LANE, BLDG #63 STREET ADDRESS CITY - ST - 7IP FORT MYERS, FL CHY-ST-ZIP ☐ Delete TIFLE Change Change ☐ Addition TITLE HENDRY, GERALD A NAME 12600-1 WORLD PLAZA LN, BLDG # 63 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP FORT MYERS, FL TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY - SI - ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Defete THE ☐ Change Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Delete TITLE THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 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 ab address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Midgel MAXMAN 4 January 2007

**FILED** Jan 08, 2007 8:00 am