2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G51771

1. Entity Name

MAXWELL & HENDRY VALUATION SERVICES, INC.



FILED
Jan 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

12600-1 WORLD PLAZA LANE

BUILDING #63 FORT MYERS, FL 33907 Mailing Address

12600-1 WORLD PLAZA LANE BUILDING #63

FORT MYERS, FL 33907



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P

CR2E034 (11/05)

FEI Number
 59-2305022

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, W. MICHAEL 12600-1 WORLD PLAZA LANE FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

			ļ			
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						
	E NOWI!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees				·
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS	PD MAXWELL, W. MICHAEL 12600-1 WORLD PLAZA LANE, BLDG	6#63				

FORT MYERS, FL TITLE NAME HENDRY, GERALD A STREET ADDRESS 12600-1 WORLD PLAZA LN, BLDG # 63 CITY-ST-ZIP FORT MYERS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

000000788354 01/22/08-80006-004 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 chapter does not attach the property with a model of the property of the prope

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF BIOGING DESICER OF DIRECTOR

15 January 200

8 239-337-0555

Daytma Phone ∉