

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H41109

1. Entity Name  
MAXWELL & SON, INC.



Principal Place of Business

920 TRUMAN ST.  
SEBASTIAN, FL 32958 US

Mailing Address

920 TRUMAN ST.  
SEBASTIAN, FL 32958 US



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2490894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MAXWELL, JAMES R.  
920 TRUMAN ST.  
SEBASTIAN, FL 32958

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000205806  
01/31/05 88855 025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAXWELL, JAMES R.  
STREET ADDRESS 920 TRUMAN STREET  
CITY-ST-ZIP SEBASTIAN, FL

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

*James R. Maxwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James R. Maxwell* 1-25-05 772-589-1630

Date

Daytime Phone #