


2004 FOR PROFIT CORPORATION ANNUAL REPORT

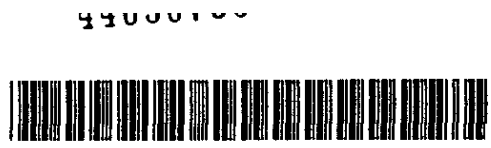
FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90004 012 ***158.75

DOCUMENT # K97930
 1. Entity Name
MAX-A-MILLION PROPERTIES, INC.



Principal Place of Business Mailing Address
PAUL H. OSBORNE OSBORNE
 1741 MISSOURI AVENUE
 SANFORD, FL 32771 US



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0149239** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OSBORNE
OSBOURNE, PAUL H.
 1741 MISSOURI AVENUE
 SANFORD, FL 32771

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 Paul H. Osborne Paul H. Osborne DATE 7/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OSBORNE, PAUL H.
STREET ADDRESS	1741 MISSOURI AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Please Note my Name is spelled Paul H. OSBORNE
 it was incorrectly spelled in 3 areas.
 Thanks

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 an other title empowered.
 SIGNATURE: Paul H. Osborne DATE 7/21/04 407 321 4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #