


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>PAUL H. OSBORNE          1741 MISSOURI AVENUE          SANFORD, FL 32771 US</b>	Mailing Address <b>PAUL H. OSBORNE          1741 MISSOURI AVENUE          SANFORD, FL 32771 US</b>
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**DO NOT WRITE IN THIS SPACE**

02232005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0149239</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OSBORNE, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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  
 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	DP OSBORNE, PAUL H. 1741 MISSOURI AVE SANFORD, FL 32771
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U00000362162  
 05/05/05-80106-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Paul H. Osborne  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 407 321 4764  
Date Daytime Phone #