

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L40242

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** MAXIMUM SECURITY GROUP, INC.

**Current Principal Place of Business:**

1450 N. HWY US-1  
SUITE 300  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 250812  
DAYTONA BEACH, FL 32125

**New Mailing Address:**

**FEI Number:** 59-2991284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRLAND, VICTOR B PRES  
30 PLAZA GRANDE AVENUE  
ORMOND BCH., FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: IRLAND, VICTOR B  
Address: 30 PLAZA GRANDE AVENUE  
City-St-Zip: ORMOND BCH., FL 32174

Title: VPD  
Name: IRLAND, CHARLENE B  
Address: 30 PLAZA GRANDE AVENUE  
City-St-Zip: ORMOND BCH., FL 32174

Title: SCTY  
Name: IRLAND, VICTOR C  
Address: 921 BUENA VISTA  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRSR  
Name: EZZELL, TARA M MD  
Address: 2883 N W 138TH TERR.  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR B IRLAND

PRES

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date