

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000102574

1. Entity Name
MAXINE HAGEY, P.A.



Principal Place of Business
11200 NW 5TH STREET
PLANTATION, FL 33325

Mailing Address
11200 NW 5TH STREET
PLANTATION, FL 33325

FILED
Apr 29, 2005 08:00 AM
Secretary of State



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1051664

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

HAGEY, MAXINE
11200 NW 5TH STREET
PLANTATION, FL 33325

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HAGEY, MAXINE
11200 NW 5TH STREET
PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAGEY, MAXINE
11200 NW 5TH STREET
PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000342496
04/29/05-80057-012 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05