2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AN

DOCUMENT # P02000019375 1. Entity Name MAXWELL ENTERPRISES, INC.				Secretary of State			
Principal Pla	ce of Business *	Mailing Address	<u> </u>	•			
3209 ORAN ORLANDO, I	IGE CENTER BLVD FL 32805	3209 Orange Center Blvd Orlando, Fl 32805					
DO NOT WRITE IN THIS SPACE			CE.	04242006	No Chg-P	CR2E034 ((11/05)
			4. FEI Numbe 30-001		•		Applied For Not Applicable
					of Status Desired	□ \$8.	75 Additional
				5. Certificate	or Status Desired		Required
	6. Name and Address of Current Re	gistered Agent					
MAXWELL, FREDDIE B			DO NOT WRITE				
3209 ORANGE CENTER BLVD ORLANDO, FL 32805			IN THIS SPACE				
	.,,			IN :	HIS SH	ACE	
8. The above the obligation of the state of	e named entity submits this statement for thations of registered agent. Signature, typed or printed name of registered agent and		ed office or register		th, in the State of Flo	orida. I am famil	liar with, and accep
<u>.</u>		1	- 	· ·	· · · · · · · · · · · · · · · · · · ·		
	LE NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	~ _ +~.	00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS _					
TITLE	D						
NAME STREET ADDRESS	MAXWELL, FREDDIE B 3209 ORANGE CENTER BLVD		l				
CITY-ST-ZIP	ORLANDO, FL 32805				الله الله الله الله الله الله الله الله	e j josepowa jest	
TITLE	D		1		NOOOOO		י ינדט ממי

05/11/06-80042-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP.

CITY-ST-ZIP

MAXWELL, RUDOLPH R

ORLANDO, FL 32805

3209 ORANGE CENTER BLVD

407-293-1550 Daytime Phone #