



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000080468						FILED 05 OCT -6 AM 10:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name MAXSAM, INC.				Principal Place of Business 17620 MONTEVERDE DRIVE SPRING HILL, FL 34610			
Mailing Address 17620 MONTEVERDE DRIVE SPRING HILL, FL 34610							
2. Principal Place of Business		3. Mailing Address		09272005		Chg-P	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR2E034 (10/03)			
City & State		City & State		4. FEI Number 30-0103955		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROUSH, JOSEPH 17620 MONTEVERDE DRIVE SPRING HILL, FL 34610				Name _____			
				Street Address (P.O. Box Number is Not Acceptable) _____			
				City _____			
				FL Zip Code _____			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROUSH, JOSEPH 17620 MONTEVERDE DRIVE SPRING HILL, FL 34610 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUSH, DEANNA 17620 MONTEVERDE DRIVE SPRING HILL, FL 34610 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Roush, Deanna 17620 Monteverde Dr. Spring Hill, FL 34610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Randy Richardson 6004 Dublin Dr. New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060302410 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/06/05--01050--013 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Joseph K. Roush</u> Joseph K. Roush, President 10-3-05 727-243-3642							