## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000070464

1. Entity Name MAITLAND FINANCIAL, INC.



Principal Place of Business

Mailing Address

1101 NORTH LAKE DESTINY ROAD STE 225 MAITLAND, FL 32751

1101 NORTH LAKE DESTINY ROAD STE 225 MAITLAND, FL 32751

**FILED** Apr 13, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0087367

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MCMULLEN, JACK K 301 E PINE STREET STE 1400 ORLANDO, FL 32801

SIGNATURE:

GNATURE AND TYPED

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or 1	egistered agent, or bo	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Registered	Agent signatur	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	OTORS				1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOGA, GEORGE K 1101 NORTH LAKE DESTINY ROAD : MAITLAND, FL 32751	STE 225			U00000704794	
TITLE NAME STREET ADDRESS CITY ST-ZIP					04/23/07-80025-012 158:	7!
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CHY-ST-ZIP						
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 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 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 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 invise 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.						

ED NAME OF SIGNING OFFICER OR DIRECTOR