## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jul 26, 2004 8:00 am Secretary of State 07-26-2004 90008 034 \*\*\*150.00

1. Entity Name MAXIMUM PROCESSING INC.					07-2	0-2004 90008 034	130.00	
Principal Place of Business 220 69TH ST .NW BRADENTON, FL 34209 US		Mailing Address 220 69TH ST .NW BRADENTON, FL 34209 US			44049817			
	Place of Business  1 Manatee AveW	3. Mailing Address 4509 1446		-				
Suite, Apt. #, etc.  Suite 6		Suite, Apt. #, etc. Suite 502		07:	202004 Chg-P	CR2E034 (10/03)	)	
Bradenton FC		City & State Bradenton FC		<b>4.</b> F	El Number 20-018705		Applied For Not Applicable	
-342	09- Manatee -		Country Manates		Pertificate of Status Desire	Fee Hequir		
-	6. Name and Address of Current	Registered Agent	Name	. 7. N	lame and Address of Ne	w Registered Agent		
PITCHER, SEAN L 220 69TH ST. NW BRADENTON, FL 34209		Street Address		ddress (P.O. B	(P.Q. Box Number is Not Acceptable)			
			City		· .	FL Zip Co	de	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or	registered ag	ent, or both, in the State o	f Florida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: F	egistered Agent signal	ure required when re	Instating)	DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaigr Trust Fund Contrib		\$5.00 M Added to F	lay Be In accordance rees corporation	ce with s. 607.193(2)(b) did not receive the prior	, F.S., the notice.	
10.	OFFICERS AND	** - *	11.	AD	DITIONS/CHANGES TO	OFFICERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	P PITCHER, SEAN L 220 69TH ST. NW BRADENTON, FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6907	ist Aue Dr	<b>∏</b> Change <b>√W</b>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE .NAME STREET ADDRESS CITY-ST-ZIP	D Lumir 10915 Brader	Bristal Bay E	⊡ Change )r Apt 319 34209	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete . ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor changed	certify that the information supplied with fon this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address,	true and accurate and that my owered to execute this report as	sionature shall h	ave the same I	egal effect as if made und da Statutes; and that my r	der oath; that I am an office ame appears in Block 10	er or director or Block 11 if	
SIGNAT		RINTED NAME OF SIGNING OFFICER OF	DIRECTOR		7-23-04 Date	941-775-0133 Daytime Phone #	<u>01 149 (</u>	