## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # P03000108240 1. Entity Name COURTNEY R MAXSON, INC Principal Place of Business Mailing Address 11819 KEATS DRIVE 11819 KEATS DRIVE LEESBURG, FL 34788 LEESBURG, FL 34788 CR2E034 (10/03) No Cha-P 01062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0742590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MAXSON, COURTNEY R 11819 KEATS DRIVE LEESBURG, FL 34788 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstaine) \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, p TITLE MAXSON, COURTNEY R NAME 11819 KEATS DRIVE STREET ADDRESS City-ST-ZIP LEESBURG, FL 34788 TITLE ÷U00000264975 NAME 03/16/05-80036-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CSTY- ST-218 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-7/P

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

352-357-5764

Daythne Phone #