

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-02-2005 90082 014 ***150.00

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1. Entity Name

D.F. MAYNARD ASSOCIATES, INC.



Principal Place of Business

2162 RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986 US

Mailing Address

2162 RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986 US

66008290



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0764926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAYNARD, DON F
2162 RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.T
MAYNARD, DON F
2162 RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP.S
MAYNARD, KATHRYN
2162 RESERVE PARK TRACE
PORT ST. LUCIE, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-95

Date

712-468-1980

Daytime Phone