

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90119 016 \*\*\*150.00

<b>DOCUMENT # P03000130379</b> 1. Entity Name <b>MAXED OUT, INC.</b>					
Principal Place of Business <b>803 WAYNE AVENUE ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>803 WAYNE AVENUE ALTAMONTE SPRINGS, FL 32701</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. Name and Address of Current Registered Agent  <b>MOCK, CYNTHIA 803 WAYNE AVENUE ALTAMONTE SPRINGS, FL 32701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
5. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$850.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOCK, CYNTHIA</b>		NAME		
STREET ADDRESS	<b>803 WAYNE AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32701</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOCK, CYNTHIA</b>		NAME		
STREET ADDRESS	<b>803 WAYNE AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32701</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOCK, CYNTHIA</b>		NAME		
STREET ADDRESS	<b>803 WAYNE AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32701</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date: <b>July 2, 2004</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>			Daytime Phone #: <b>407-257-8749</b>		

66430254



05012004 Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1689573**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Division of Corporations

[www.sunbiz.org](http://www.sunbiz.org)

*Attachment*  
66430254  
Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P03000130379
Business Entity Name	MAXED OUT, INC.
Original File Date	11/12/2003

FEI Number

Principal Address 803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701

Mailing Address 803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701

Registered Agent CYNTHIA MOCK  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701 US

Officer/Director Name And Address

P  
CYNTHIA MOCK  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701

S  
CYNTHIA MOCK  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701

T  
CYNTHIA MOCK  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

<http://www.sunbiz.org/scripts/ubrform1.exe>

*7/2/04*  
*\* Electronic Filing System*  
*850-245-6939*  
*\* Jan 7 computer*  
*shows I did*  
*file*

*\* When I checked myself*  
*5/1/2004*

Attachment

66430254

Cynthia Mock  
Maxed Out, Inc. (#P03000230379)  
803 Wayne Avenue  
Altamonte Springs, FL 32701  
407-767-8697 (h)  
407-252-8749 (c)

July 2, 2004

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

In November 2003, I filed to incorporate my future business. When I received notification to file the Annual Report I did so on January 7, 2004, via your website. Yesterday, July 1, 2004, I arrived home to find a found a "Notice of Intent to Dissolve" postcard in my mail. When I called the division of Corporations office today, the person in the Electronic Filing System Division told me that it showed I had attempted to file, but that no payment was received. She advised me to resend the report with a check for the original fee along with a letter explaining the situation.

I truly have endeavored to do everything correctly, but obviously something has gone terribly wrong. I have filed my quarterly income reports, both state and federal, on time, and unfortunately thought I had filed my State Annual Report in a timely manner also.

I am asking that the \$400.00 late fee be waived this one time. I am earnest in all my endeavors, and would ask for your consideration in this. As you know, money is critical in the beginning of any small business, and the \$400.00, creates an added burden I had not anticipated. I have finally leased a small space, and should have my business open the first or second week of September of this year. The monies I am spending to do this are considerable, and that's why I am asking for mercy just this once.

I have included the Annual Report Page I printed on May 1, 2004, thinking this was confirmation of a timely filing. I thank you in advance for your time in reviewing this and consideration you may give.

Sincerely,



Cynthia Mock

Enclosures

Attachment  
66430254

Cynthia Mock  
Maxed Out, Inc. (#P03000230379)  
803 Wayne Avenue  
Altamonte Springs, FL 32701  
407-767-8697 (h)  
407-252-8749 (c)

July 16, 2004

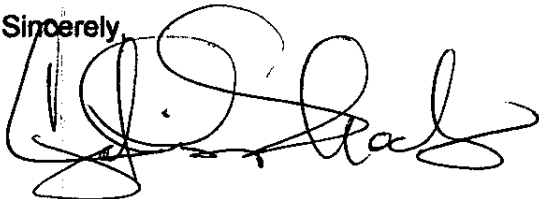
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

~~To Whom It May Concern:~~

Please find enclosed my application with the Federal Employer Identification number in Block 4.

Thank you for your assistance with this matter. I truly appreciate your help and consideration.

Sincerely,



Cynthia Mock  
Maxed Out, Inc.  
Reference Number P03000130379