

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90014 029 \*\*\*150.00

**DOCUMENT # P03000130379**

1. Entity Name  
**MAXED OUT, INC.**



Principal Place of Business  
**803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701**

**50000872**



2. Principal Place of Business  
**3207 S. FLORIDA AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3207 S. FLORIDA AVE.**  
Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State  
**LAKELAND FL**  
Zip  
**33803** Country  
**POLK**

City & State  
**LAKELAND FL**  
Zip  
**33803** Country  
**POLK**

4. FEI Number  
**16-1689573** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOCK, CYNTHIA  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MOCK, CYNTHIA  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MOCK, CYNTHIA  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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MOCK, CYNTHIA  
803 WAYNE AVENUE  
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: CYNTHIA MOCK 1-7-05 863-709-8040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #