

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136008

Entity Name: MAYNARD & SONS, INC.

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

168 ESCANABA AVENUE
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

168 ESCANABA AVENUE
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 59-3145476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, AMY E
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32402 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYNARD, ARCHIE
Address: 168 ESCANABA AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: V () Delete
Name: MAYNARD, CRAIG A
Address: 168 ESCANABA AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S () Delete
Name: MAYNARD, DENNIS R
Address: 168 ESCANABA AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: T () Delete
Name: MAYNARD, CHRISTOPHER A
Address: 168 ESCANABA AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: AT () Delete
Name: MAYNARD, WILLIAM L
Address: 168 ESCANABA AVENUE
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHIE MAYNARD

P

01/06/2007

Electronic Signature of Signing Officer or Director

_____ Date