


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000033233  
 1. Entity Name  
**MAX DAVIS MAINTENANCE, INC**



Principal Place of Business      Mailing Address  
**10827 SEA CORAL COURT**      **10827 SEA CORAL COURT**  
**BONITA SPRINGS, FL 34135 US**      **BONITA SPRINGS, FL 34135 US**

**DO NOT WRITE IN THIS SPACE**



06252007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**20-0746665**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**DAVIS, MAX G**  
**10827 SEA CORAL COURT**  
**BONITA SPRINGS, FL 34135**

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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.

U00000758569  
 07/13/07-80006-019 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DAVIS, MAX G
STREET ADDRESS	10827 SEA CORAL COURT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MAX DAVIS      6-26-07      239-390-4160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #