


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000038069

1. Entity Name  
 JAX MAXIMUS INC.



Principal Place of Business      Mailing Address

12889 BIGGIN CHURCH RD S      12889 BIGGIN CHURCH RD S  
 JACKSONVILLE, FL 32224 US      JACKSONVILLE, FL 32224 US

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 20-0819482      Not Applicable

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

6. Name and Address of Current Registered Agent

FIAMINGO, JACK C  
 12889 BIGGIN CHURCH RD S  
 JACKSONVILLE, FL 32224

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 FIAMINGO, JACK C 12889 BIGGIN CHURCH RD S JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIAMINGO, LYNN M 12889 BIGGIN CHURCH RD S JACKSONVILLE, FL 32224
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	

100000381956  
 01/11/06-80073-023 150.00

**DO NOT WRITE IN THIS SPACE**

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: JACK C. FIAMINGO      Date: 1-9-06      Daytime Phone #: 904 642 6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #