

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052840

Entity Name: 4% MAX REALTY, INC.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

1140 LEE BLVD.  
SUITE 105  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

## Current Mailing Address:

1140 LEE BLVD.  
SUITE 105  
LEHIGH ACRES, FL 33936

## New Mailing Address:

FEI Number: 20-0930487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, KEVIN  
1140 LEE BLVD.  
SUITE 105  
LEHIGH ACRES, FL 33936 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: PD ( ) Delete  
Name: BOGGS, JIM  
Address: 1140 LEE BLVD. SUITE 105  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VD ( ) Delete  
Name: ERVANS, BRAD  
Address: 1140 LEE BLVD. SUITE 105  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: STD ( ) Delete  
Name: THOMPSON, KEVIN  
Address: 1140 LEE BLVD. SUITE 105  
City-St-Zip: LEHIGH ACRES, FL 33936

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIM BOGGS

P

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date