

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081877

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** MAVERICK INVESTMENTS INCORPORATED

**Current Principal Place of Business:**

11831 NW 4 ST  
PLANTATION, FL 33325

**New Principal Place of Business:**

2223 NE 16TH ST  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

11831 NW 4 ST  
PLANTATION, FL 33325

**New Mailing Address:**

2223 NE 16TH ST  
FORT LAUDERDALE, FL 333304

**FEI Number:** 55-0876404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBBS, TOD M  
11831 NW 4 ST  
PLANTATION, FL 33325 US

**Name and Address of New Registered Agent:**

GIBBS, TOD M  
2223 NE 16TH STREET  
FORT LAUDERDALE, FL 33304 US

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: TOD M. GIBBS

04/25/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GIBBS, TOD M  
Address: 11831 NW 4 ST  
City-St-Zip: PLANTATION, FL 33325

Title: DV ( ) Delete  
Name: BENSON, RODNEY C  
Address: 10851 BORN ST  
City-St-Zip: THREE RIVERS, MI 49093

Title: DV ( ) Delete  
Name: BENSON, TINA M  
Address: 10851 BORN ST  
City-St-Zip: THREE RIVERS, MI 49093

Title: DST ( ) Delete  
Name: GIBBS, NANCY E  
Address: 11831 NW 4 ST  
City-St-Zip: PLANTATION, FL 33325

**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:

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: TOD M. GIBBS

DP

04/25/2005

Electronic Signature of Signing Officer or Director

Date