

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000105645

1. Entity Name
MA XIMUM BUILDING SYSTEMS, INC.



Principal Place of Business
**25 OLD PALMETTO PATH
ST. MARKS, FL 32355 US**

Mailing Address
**1413 LOLA DR.
TALLAHASSEE, FL 32301 US**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1478964

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DENDER, RYAN E
1413 LOLA DR.
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000900563
04/29/08-80033-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOOVER, MICHAEL R
21 ST. MARKS RIVERS EDGE DRIVE
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DENDER, RANDALL E
2049 WAHALAW NENE
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
DENDER, RYAN E
1413 LOLA DR.
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

Daytime Phone #