

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105645

FILED
Apr 29, 2009
Secretary of State

Entity Name: MA XIMUM BUILDING SYSTEMS, INC.

Current Principal Place of Business:

25 OLD PALMETTO PATH
ST. MARKS, FL 32355 US

New Principal Place of Business:

119 WILDFLOWER LANE
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

1413 LOLA DR.
TALLAHASSEE, FL 32301 US

New Mailing Address:

119 WILDFLOWER LANE
CRAWFORDVILLE, FL 32327 US

FEI Number: 20-1478964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KILBOURN, SAMANTHA R
119 WILDFLOWER LANE
CRAWFORDVILLE, FL 32327 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: SAMANTHA R. KILBOURN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOOVER, MICHAEL R
Address: 21 ST. MARKS RIVERS EDGE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VP () Delete
Name: DENDER, RANDALL E
Address: 2049 WAHALAW NENE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S/T () Delete
Name: DENDER, RYAN E
Address: 1413 LOLA DR.
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TUCKER, TIMOTHY L
Address: 130 CARMEN ROCIO
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: S (X) Change () Addition
Name: GAGLIARDI, RONALD
Address: P. O. BOX 397
City-St-Zip: ST. MARKS, FL 32355 US

Title: T () Change (X) Addition
Name: KILBOURN, SAMANTHA R
Address: 119 WILDFLOWER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAMANTHA R. KILBOURN

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date