

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90076 042 \*\*\*150.00

<b>DOCUMENT # P04000110473</b> 1. Entity Name <b>MAX CONSTRUCTION OF SW FLORIDA, INC.</b>																																	
Principal Place of Business <b>1818 CORBETT ROAD</b> <b>CAPE CORAL, FL 33909</b>		Mailing Address <b>13971 WINDRUSH COURT APT 47</b> <b>NORTH FT. MYERS, FL 33903</b>																															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1818 Corbett Rd</b> Suite, Apt. #, etc.																															
City & State Zip      Country		City & State <b>Cape Coral FL 33909</b> Zip      Country		4. FEI Number <b>33-1096903</b> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03092005      Chg-P      CR2E034 (10/03)																													
6. Name and Address of Current Registered Agent  <b>MAXWELL, MATTHEW J</b> <b>1818 CORBETT ROAD</b> <b>CAPE CORAL, FL 33909</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																														
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 <u><i>Matthew J. Maxwell</i></u> DATE <u><i>3/10/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																															
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Matthew J. Maxwell</i></u> Date <u><i>3/10/05</i></u> Daytime Phone # <u><i>239 898-1203</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	