

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000134854

Entity Name: MAX STORY, P.A.

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

233 EAST BAY STREET, SUITE 920  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

233 EAST BAY STREET, SUITE 920  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 20-1668353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STORY, MAX  
233 EAST BAY STREET, SUITE 920  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: STORY, MAX  
Address: 233 E. BAY STREET, SUITE 920  
City-St-Zip: JACKSONVILLE,, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: MAX STORY

P

06/16/2010

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

\_\_\_\_\_  
Date