## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000169809

1. Entity Name MAX MARINE INSURANCE, INC.



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

3380 STRING FELLOW RD ST JAMES CITY, FL 33956 Mailing Address

P O BOX 779

ST JAMES CITY, FL 33956



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOODARD, MAXINE 2404 SAPODILLA LN ST JAMES CITY, FL 33956

## 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	9 🗆	\$5.00 May Be Added to Fees	μημάρουστημο
10.	OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·	04/21/08-80003-008 150.00
TITLE	PD				644 574 OO COOO COO 100 100 00
NAME	WOODARD, MAXINE				
STREET ADDRESS	2404 SAPODILLA LN				
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

239-288-7779

Daytime Phone #