

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169809

Entity Name: MAX MARINE INSURANCE, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3380 STRING FELLOW RD
ST JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

P O BOX 779
ST JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 41-2161364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODARD, MAXINE
Address: 2404 SAPODILLA LN
City-St-Zip: ST JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MAXINE WOODARD

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date