

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169809

Entity Name: MAX MARINE INSURANCE, INC.

FILED
Feb 01, 2011
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

OFFICERS AND DIRECTORS:

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

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: MAXINE WOODARD

PD

02/01/2011

Electronic Signature of Signing Officer or Director

Date