## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P05000026362

Entity Name
 THE S.R. MAESEL GROUP, INC.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

4658 PINETREE DR. BOYNTON BCH, FL 33436 Mailing Address

4658 PINETREE DR. BOYNTON BCH, FL 33436



04092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2369045 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'ALMEIDA, ARTHUR B 105 E. PALMETTO PARK RD. BOCA RATON, FL 33432

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				IN I	HIS 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)  DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	D				
NAME	MAESEL, SHAWN R				
STREET ADDRESS	4658 PINETREE DR.				
CITY-ST-ZIP	BOYNTON BCH, FL 33436				
TITLE					U00000740344
NAME					05/14/07-80063-008 150.00
STREET ADDRESS CITY-ST-ZIP	•				
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME				IN T	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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 of 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 effect in the corporation of the corporation of the corporation of the receiver of 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 effect as if made under oath; that I am an officer or director of the corporation of the receiver of 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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP