ABACUS ACCTING & TAX

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-09-2006 90073 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

P05000115403

1. Entity Name
MAYNARD & CO., INC.

Principal Place of Business
~~1209 N TIGER PT~~ 860 N. maylen Ave
LECANTO, FL 34461

Mailing Address
~~1209 N TIGER PT~~ 860 N maylen Ave
LECANTO, FL 34461

66020058

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04272006

4. FEI Number 01-0842397 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75

6. Name and Address of Current Registered Agent
MAYNARD, TARA L
~~1209 N TIGER PT~~ 860 N. maylEN AVE
LECANTO, FL 34461

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Tara L Maynard — 4-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	MAYNARD, DONALD L JR.	~~1209 N TIGER PT~~ 860 N maylen Ave	LECANTO, FL 34461	☐ Delete
D	MAYNARD, TARA L	~~1209 N TIGER PT~~ 860 N maylen Ave	LECANTO, FL 34461	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald L Maynard Jr — Donald L Maynard Jr — 4-30-06 — 302-9459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #