

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

04-17-2007 90057 037 ***150.00

DOCUMENT # P06000134737					
1. Entity Name MAXCY INVESTMENT STRATEGIES, INC.					
Principal Place of Business 1570 LAKEVIEW DRIVE SUITE 100 SEBRING FL 33870			Mailing Address 1570 LAKEVIEW DRIVE SUITE 100 SEBRING FL 33870		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5785346	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWAINE, ROBERT S 425 SOUTH COMMERCE AVENUE SEBRING FL 33870			7. Name and Address of New Registered Agent Name Chester G. Maxcy, Sr. Street Address (P.O. Box Number is Not Acceptable) 1570 Lakeview Drive, Suite 100 City Sebring FL 33870		
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 <u><i>Chester G. Maxcy Sr.</i></u> (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAXCY, CHESTER G SR. 1570 LAKEVIEW DRIVE, SUITE 100 SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAXCY, CHESTER G JR. 1570 LAKEVIEW DRIVE, SUITE 100 SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAXCY, JACQUELINE G 1570 LAKEVIEW DRIVE, SUITE 100 SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>CRISTO P MA</i></u> 11/1/07 612-266-9755					