

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134737

FILED
Apr 08, 2009
Secretary of State

Entity Name: MAXCY INVESTMENT STRATEGIES, INC.

Current Principal Place of Business:

1570 LAKEVIEW DRIVE
SUITE 100
SEBRING, FL 33870

New Principal Place of Business:

1570 LAKEVIEW DRIVE
SUITE 99
SEBRING, FL 33870

Current Mailing Address:

1570 LAKEVIEW DRIVE
SUITE 100
SEBRING, FL 33870

New Mailing Address:

1570 LAKEVIEW DRIVE
SUITE 99
SEBRING, FL 33870

FEI Number: 20-5785366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXCY, CHESTER G SR
1570 LAKEVIEW DRIVE
SUITE 100
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MAXCY, CHESTER G SR
1570 LAKEVIEW DRIVE
SUITE 99
SEBRING, FL 33870 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAXCY, CHESTER G SR.
Address: 1570 LAKEVIEW DRIVE, SUITE 100
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: MAXCY, CHESTER G JR.
Address: 1570 LAKEVIEW DRIVE, SUITE 100
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: MAXCY, JACQUELINE G
Address: 1570 LAKEVIEW DRIVE, SUITE 100
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAXCY, CHESTER G SR.
Address: 1570 LAKEVIEW DRIVE, SUITE 99
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change () Addition
Name: MAXCY, CHESTER G JR.
Address: 1570 LAKEVIEW DRIVE, SUITE 99
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change () Addition
Name: MAXCY, JACQUELINE G
Address: 1570 LAKEVIEW DRIVE, SUITE 99
City-St-Zip: SEBRING, FL 33870

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: JACQUELINE G. MAXCY

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date