

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005438

**FILED**  
**Mar 12, 2008**  
**Secretary of State**

**Entity Name:** MAXIMUM SHINE AUTO DETAILING INC

**Current Principal Place of Business:**

2303 TULIP ST  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

4610 ARDALE ST  
SARASOTA, FL 34232 US

**Current Mailing Address:**

2303 TULIP ST  
SARASOTA, FL 34239 US

**New Mailing Address:**

4610 ARDALE ST  
SARASOTA, FL 34232 US

**FEI Number:** 20-8264534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RABER, JAMES  
2303 TULIP ST  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

RABER, JAMES  
4610 ARDALE ST  
SARASOTA, FL 34232 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: JAMES RABER

03/12/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RABER, JAMES  
Address: 2303 TULIP ST  
City-St-Zip: SARASOTA, FL 34239

Title: ST ( ) Delete  
Name: RABER, GAIL  
Address: 2303 TULIP ST  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RABER, JAMES  
Address: 4610 ARDALE ST  
City-St-Zip: SARASOTA, FL 34232

Title: ST (X) Change ( ) Addition  
Name: RABER, GAIL  
Address: 4610 ARDALE ST  
City-St-Zip: SARASOTA, FL 34232

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: GAIL RABER

ST

03/12/2008

Electronic Signature of Signing Officer or Director

Date