


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 022 ***150.00

DOCUMENT # P07000022457 1. Entity Name MAXWELL MARINE CONSULTING ENGINEERS, INC.					
Principal Place of Business 228 ATLANTIC BLVD, STE 200 KEY LARGO, FL 33037			Mailing Address 228 ATLANTIC BLVD, STE 200 KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box # SAME ↑		3. Mailing Address SAME ↑			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 		
6. Name and Address of Current Registered Agent WOODS, MARY DEAN 228 ATLANTIC BLVD, STE 200 KEY LARGO, FL 33037			7. Name and Address of New Registered Agent Name SAME, N/A 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. N/A ? SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOODS, MARY D. 228 ATLANTIC BLVD, STE 200 KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/9/08 786 988 3120 <small>Date Daytime Phone #</small>		