

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90370 015 ***150.00

DOCUMENT # P07000055049					
1. Entity Name BARBARA MAXWELL INC					
Principal Place of Business 1831 S. FLAGLER AVE. FLAGLER BEACH, FL 32136 US			Mailing Address 1831 S. FLAGLER AVE. FLAGLER BEACH, FL 32136 US		
2. Principal Place of Business - No P.O. Box # 1105 S. Daytona Ave Suite, Apt. #, etc.		3. Mailing Address 1105 S. Daytona Ave Suite, Apt. #, etc.			
City & State Flagler Beach FL 32136 Country USA		City & State Flagler Beach FL 32136 Country		4. FEI Number 20-8935062	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAXWELL, BARBARA 122 FERNDAL LANE 1105 S Daytona Ave PALM COAST, FL 32137 Flagler Beach FL 32136					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	NAME		
NAME	MAXWELL, BARBARA				
STREET ADDRESS	122 FERNDAL LANE 1105 S Daytona Ave				
CITY - ST - ZIP	PALM COAST, FL 32137 Flagler Beach FL 32136				
TITLE		<input type="checkbox"/> Delete	NAME		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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TITLE		<input type="checkbox"/> Delete	NAME		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
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STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: <u>Barbara Maxwell</u> 3-4-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					