


2004 FOR PROFIT CORPORATION ANNUAL REPORT

page 1549

FILED

04 JAN 15 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034079					
1. Entity Name SCOTT MAXWELL PLUMBING CONTRACTOR, INC.					
Principal Place of Business 16396 E DOWNERS DR LOXAHATCHEE, FL 33470 US			Mailing Address PO BOX 17962 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0485283	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAXWELL, SCOTT E 16396 E DOWNERS DR LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200027492142 01/23/04--01016--022 **150.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/>		\$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	P MAXWELL, SCOTT E 16396 E DOWNERS DR LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAXWELL, DEBRA 16396 E DOWNERS DR LOXAHATCHEE, FL 33470		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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>see attached</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

2049

**Division of Corporations****Annual Report**

Page 1

Document Number

P94000034079

Business Entity Name

SCOTT MAXWELL PLUMBING CONTRACTOR, INC.

FEI Number

650485283

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each**Principal Place of Business**

Address

16396 E DOWNERS DR

Suite, Apt. #, etc.

City, State

LOXAHATCHEE**FL**

Zip Code & Country

33470**US****Mailing Address**

Address

PO BOX 17962

Suite, Apt. #, etc.

City, State

WEST PALM BEACH**FL**

Zip Code & Country

33416**US****Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

MAXWELL**SCOTT****E**

-or- RA Business Name

Address

16396 E DOWNERS DR

Suite, Apt. #, etc.

City, State

LOXAHATCHEE**FL**

Zip Code & Country

33470**US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Division of Corporations

Annual Report

Page 2

Document Number

P94000034079

Business Entity Name

SCOTT MAXWELL PLUMBING CONTRACTOR, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No~~Officer/Director Name And Address~~

Title	P
Name (Last, First, Middle, Title)	MAXWELL SCOTT E
-or- Entity Name	
Street Address	16396 E DOWNERS DR
City, State	LOXAHATCHEE, FL
Zip Code & Country	33470

Title	ST
Name (Last, First, Middle, Title)	MAXWELL DEBRA
-or- Entity Name	
Street Address	16396 E DOWNERS DR
City, State	LOXAHATCHEE, FL
Zip Code & Country	33470

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	

4 of 4

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

Sunbiz Home Page

Public Access Help