

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000078746

1. Entity Name
SOCKEL-MAYNARD ASSOCIATES, INC.



Principal Place of Business
**8799 HOLLY CT.
#204
FORT LAUDERDALE, FL 33321**

Mailing Address
**PO BOX 39178
FT. LAUDERDALE, FL 33339**



08082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0557097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAYNARD, PIERRE-SERGE
8799 HOLLY CT. #204
FORT LAUDERDALE, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SOCKEL, RICHARD
7625 NW 79TH AVE 101
FORT LAUDERDALE, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
MAYNARD, PIERRE-SERGE
8799 HOLLY CT. #204
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SNV
MANARD, LAURA
3055 NE 190TH ST APT 304
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DNV
SOCKEL, ARLENE
7625 NW 79TH AVE 101
FORT LAUDERDALE, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DMV
JONES, AIMEE
4020 NW 93 WAY
SUNRISE, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, I am empowered.

SIGNATURE:

Richard A. Sokel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #