

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029073

FILED
Mar 04, 2004
Secretary of State

Entity Name: C. GUY MAXCY & ASSOCIATES, INC.

Current Principal Place of Business:

906 S.E. LAKEVIEW DRIVE
SUITE #106
SEBRING, FL 33870 US

Current Mailing Address:

906 S.E. LAKEVIEW DRIVE
SUITE #106
SEBRING, FL 33870 US

New Principal Place of Business:

906 S.E. LAKEVIEW DRIVE
SUITE #100
SEBRING, FL 33870 US

New Mailing Address:

906 S.E. LAKEVIEW DRIVE
SUITE #100
SEBRING, FL 33870 US

FEI Number: 59-2387679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXCY, C. GUY
906 S.E. LAKEVIEW DRIVE SUITE 6
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MAXCY, C. GUY
906 S.E. LAKEVIEW DRIVE SUITE 100
SEBRING, FL 33870 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:

03/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAXCY, C. GUY
Address: 906 SE LAKEVIEW DR STE 106
City-St-Zip: SEBRING, FL 33870

Title: S () Delete
Name: MAXCY, JACQUELINE
Address: 906 SE LAKEVIEW DR STE 106
City-St-Zip: SEBRING, FL 33870

Title: VP () Delete
Name: MAXCY, CHESTER G JR
Address: 906 SE LAKEVIEW DR SUITE 106
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAXCY, C. GUY
Address: 906 SE LAKEVIEW DR STE 100
City-St-Zip: SEBRING, FL 33870

Title: S (X) Change () Addition
Name: MAXCY, JACQUELINE
Address: 906 SE LAKEVIEW DR STE 100
City-St-Zip: SEBRING, FL 33870

Title: VP (X) Change () Addition
Name: MAXCY, CHESTER G JR
Address: 906 SE LAKEVIEW DR SUITE 100
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 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: C. GUY MAXCY

P

03/04/2004

Electronic Signature of Signing Officer or Director

Date