

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90081 031 \*\*\*150.00

**DOCUMENT # P95000090392**

1. Entity Name  
**TO THE MAX, INC.**



Principal Place of Business  
10442 E TARA BLVD  
BOYNTON BEACH, FL 33437 US

Mailing Address  
10442 E TARA BLVD  
BOYNTON BEACH, FL 33437 US

40054444



2. Principal Place of Business - No P.O. Box #  
**5127 Aurora Dr**

3. Mailing Address  
**5127 AURORA DR**

Suite, Apt. #, etc.

03272007 Chg-P CR2E034 (12/06)

City & State  
**Leesburg FL**

Zip  
**34748** Country  
**USA**

City & State  
**Leesburg FL**

Zip  
**34748** Country  
**USA**

4. FEI Number  
**65-0622840**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRANICK, MAXINE**  
**10442 E TARA BLVD**  
**BOYNTON BEACH, FL 33437**

**7. Name and Address of New Registered Agent**

Name  
**Mitchell Kranick**

Street Address (P.O. Box Number is Not Acceptable)  
**5127 Aurora Dr**

City  
**Leesburg FL** Zip Code  
**34748**

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

**4/3/07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VSTD**  
**KRANICK, MAXINE B** ☐ Delete  
**10442 E TARA BLVD**  
**BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD**  
**KRANICK, MITCHELL W** ☐ Delete  
**10442 E TARA BLVD**  
**BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
**5127 Aurora Dr**  
**Leesburg FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
**5127 Aurora Dr**  
**Leesburg FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Maxine Kranick**

**4/3/07**

**352 365 0402**