

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094002

Entity Name: MAXIMUM/DATA, INC.

FILED  
Jan 26, 2005  
Secretary of State

## Current Principal Place of Business:

200 BANANA RIVER BLVD  
SUITE 2313  
COCOA BEACH, FL 32931

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 320988  
COCOA BEACH, FL 32932

## New Mailing Address:

FEI Number: 59-3386768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEELIE, LYNITA A  
200 BANANA RIVER BLVD  
STE 2313  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: GVP ( ) Delete  
Name: SEELIE, MAX R  
Address: P.O. BOX 320988 N/A  
City-St-Zip: COCOA BEACH, FL 32932

Title: P ( ) Delete  
Name: SEELIE, LYNITA A  
Address: PO BOX 320988  
City-St-Zip: COCOA BCH, FL 32932

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYNITA A. SEELIE

PRES

01/26/2005

Electronic Signature of Signing Officer or Director

Date