

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90028 034 ***150.00

DOCUMENT # P96000007456

1. Entity Name
MAIERS SYSTEMS, INC.



Principal Place of Business
 11310 SATELLITE BLVD.
 ORLANDO, FL 32837 US

Mailing Address
 11310 SATELLITE BLVD.
 ORLANDO, FL 32837 US

2. Principal Place of Business - No P.O. Box #
6923 Narcoossee Rd.

Suite, Apt. #, etc.
Suite 615

City & State
Orlando, Florida

Zip
32822-5573

Country
USA

3. Mailing Address
6923 Narcoossee Rd.

Suite, Apt. #, etc.
Suite 615

City & State
Orlando, Florida

Zip
32822-5573

Country
USA

400103-



01222008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

MAIERS, GERALD
 11310 SATELLITE BLVD.
 ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name
Gerald J. Maiers

Street Address (P.O. Box Number is Not Acceptable)
6923 Narcoossee Rd.

Suite 615

City
Orlando

State
FL

Zip Code
32822-5573

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 *Gerald J. Maiers* **Director** DATE **1-22-08**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D MAIERS, GERALD 12088 BLACKHEATH CIRCLE ORLANDO, FL 32837 <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	D MAIERS, JOSEPH H 11310 SATELLITE BLVD. ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph H. Maiers 220 Martha St., PO Box 241 Stewart, Minnesota 55385 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIERS, CHARLES P 11310 SATELLITE BLVD. ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles P. Maiers 634 East St., PO Box 66 Stewart, Minnesota 55385 <input checked="" 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 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: *Gerald J. Maiers* **Gerald J. Maiers** DATE **1-22-08** DAYTIME PHONE # **407-482-8699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR