

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90057 047 ***150.00

DOCUMENT # P97000045219

1. Entity Name
MAAG CORPORATION



Principal Place of Business

4916 SW 11TH AVE.
CAPE CORAL, FL 33914 US

Mailing Address

1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

40020320



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

3. Mailing Address

1221 SW 10th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007

Chg-P

CR2E034 (12/06)

City & State

City & State

Cape Coral, FL

4. FEI Number

65-0761561

Applied For

Not Applicable

Zip

Country

Zip

Country

33991

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, THOMAS W
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

Name

Oliver Huttner

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

1221 SW 10th Ter

City

Cape Coral

FL

Zip Code

33991

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

Oliver Huttner

2-14-07

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MAAG, RENATE
STREET ADDRESS AM KOHLBERG
CITY-ST-ZIP D-58644 ISERLOHN GERMANY,

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4916 SW 11th Ave
CITY-ST-ZIP Cape Coral, FL 33914

TITLE S ☒ Delete
NAME HILL, THOMAS W
STREET ADDRESS 1318 LAFAYETTE STREET
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Renate Maag

2-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #