

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90147 035 ***158.75

DOCUMENT # P97000055133

1. Entity Name

MAYNELL BUILDERS, INC.



Principal Place of Business

**8745 CALUMET BLVD
PORT CHARLOTTE FL 33981**

Mailing Address

**8745 CALUMET BLVD
PORT CHARLOTTE FL 33981**

2. Principal Place of Business

4260 PLACIDA RD.

3. Mailing Address

P.O. Box 27221

Suite, Apt. #, etc.

#10B

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

EL JOBEAN, FL

Zip

34224

Country

CHARLOTTE

Zip

33927

Country

CHARLOTTE



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0762344

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAYNELL, JAY
8745 CALUMET BLVD
PORT CHARLOTTE FL 33981**

7. Name and Address of New Registered Agent

Name **JAY MAYNELL**

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

4260 PLACIDA RD

#10B

City **ENGLEWOOD FL**

FL

Zip Code

34224

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAYNELL, JAY**
STREET ADDRESS **8745 CALUMET BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **VSTD** ☐ Delete
NAME **MAYNELL, LINDA CAROL**
STREET ADDRESS **8745 CALUMET BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **V** ☒ Delete
NAME **JAWORSKI, ROBERT**
STREET ADDRESS **8745 CALUMET BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **V** ☒ Delete
NAME **MAYNELL, CAREY**
STREET ADDRESS **8745 CALUMET BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
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 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 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 #

2/22/05 (941) 628-0727