

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000055133

Entity Name: MAYNELL BUILDERS, INC.

FILED
Mar 08, 2006
Secretary of State

Current Principal Place of Business:

4260 PLACIDA RD
10B
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27221
EL JOBEAN, FL 33927

New Mailing Address:

FEI Number: 65-0762344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYNELL, LINDA
4260 PLACIDA RD
ENGLEWOOD, FL 34224 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAYNELL, JAY
Address: 4260 PLACIDA RD
City-St-Zip: ENGLEWOOD, FL 34224

Title: PSTD () Delete
Name: MAYNELL, LINDA CAROL
Address: 4260 PLACIDA RD
City-St-Zip: ENGLEWOOD, FL 34224

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: MAYNELL, CAREY
Address: 4412 W.BAY CT. AVE.
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LINDA CAROL MAYNELL

PSTD

03/08/2006

Electronic Signature of Signing Officer or Director

Date