

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90038 016 ***158.75

DOCUMENT # P97000055133

1. Entity Name

MAYNELL BUILDERS, INC.



Principal Place of Business

**4260 PLACIDA RD
10B
ENGLEWOOD FL 34224**

Mailing Address

**P.O. BOX 27221
EL JOBEAN FL 33927**

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

9214 PINEHAVEN WAY

3. Mailing Address

9214 PINEHAVEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034_(10/06)

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

4. FEI Number

65-0762344

Applied For

Not Applicable

Zip

34224

Country

CHARLOTTE

Zip

34224

Country

CHARLOTTE

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAYNELL, LINDA
4260 PLACIDA RD
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name

LINDA MAYNELL

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

9214 PINEHAVEN WAY

City

ENGLEWOOD

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

LINDA MAYNELL

Signature, typed or printed name of registered agent and title if applicable

Linda Maynell

(NOTE: Registered Agent signature required when re-registering)

2/13/07

(DATE)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	D	<input type="checkbox"/> Delete
NAME	MAYNELL, JAY	
STREET ADDRESS	4260 PLACIDA RD	
CITY- ST- ZIP	ENGLEWOOD FL 34224	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MAYNELL, LINDA CAROL	
STREET ADDRESS	4260 PLACIDA RD	
CITY- ST- ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAYNELL, CAREY	
STREET ADDRESS	4412 W.BAY CT. AVE.	
CITY- ST- ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

Linda Maynell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

Date

941-628-0089

Daytime Phone #