


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90397 043 ***150.00

DOCUMENT # P97000066255	
1. Entity Name MAXIMUM CONSTRUCTION CORPORATION	

Principal Place of Business 985 8TH AVENUE SOUTH NAPLES, FL 34102	Mailing Address PO BOX 12194 NAPLES, FL 34101-2194 US
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2. Principal Place of Business 5330 Cherry Wood Dr	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL	City & State
Zip 34119	Country USA

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0780521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILL, DAVID 985 8TH AVE S NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name Hill, David Street Address (P.O. Box Number is Not Acceptable) 5330 Cherry Wood Dr City Naples FL Zip 34119	
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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: **David J. Hill** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HILL, DAVID J
STREET ADDRESS	985 8TH AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D <input type="checkbox"/> Delete
NAME	HILL, EDWARD
STREET ADDRESS	1229 ANDREWS AVE.
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D <input type="checkbox"/> Delete
NAME	HERB, MARVIN
STREET ADDRESS	7400 N. OAK PARK AVE., EXECUTIVE STE.
CITY-ST-ZIP	NILES, IL 607143818
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5330 Cherry Wood Dr
CITY-ST-ZIP	Naples, FL 34119
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5330 Cherry Wood Dr
CITY-ST-ZIP	Naples, FL 34119
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
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: **David J. Hill** **David Hill, President** **4/27/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #