


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2006 08:00 A
Secretary of State

DOCUMENT # P97000066255	
1. Entity Name MAXIMUM CONSTRUCTION CORPORATION	

Principal Place of Business 5330 CHERRY WOOD DR NAPLES FL 34119	Mailing Address PO BOX 12194 NAPLES FL 34101-2194 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State	City & State	4. FEI Number 65-0780521	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HILL, DAVID 5330 CHERRY WOOD DR NAPLES FL 34119

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	NAME
D	HILL, DAVID J
STREET ADDRESS	5330 CHERRY WOOD DR
CITY - ST - ZIP	NAPLES FL 34119
<input type="checkbox"/> Delete	
D	HILL, EDWARD
STREET ADDRESS	5330 CHERRY WOOD DR
CITY - ST - ZIP	NAPLES FL 34119
<input type="checkbox"/> Delete	
D	HERB, MARVIN
STREET ADDRESS	7400 N. OAK PARK AVE., EXECUTIVE STE.
CITY - ST - ZIP	NILES IL 60714-3818
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
U00000574038	
08/10/06-80004-009 550.00	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *David J. Hill* **Aug 8 - 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Aug 8 - 2006**