


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90028 034 ***150.00

DOCUMENT # P98000001232	
1. Entity Name MAX'S CLEANING & MAID SERVICE, INC	

Principal Place of Business 309 EAST 7TH STREET PANAMA CITY FL 32401	Mailing Address 309 EAST 7TH STREET PANAMA CITY FL 32401
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2. Principal Place of Business MAX'S Maids of Honor Suite, Apt. #, etc. 309 E 7th St City & State Panama City, FLA Zip 32401 Country Bay	3. Mailing Address 309 E 7th St Suite, Apt. #, etc. 309 E 7th St City & State Panama City, FLA Zip 32401 Country Bay
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent MARSHALL, MAX 309 EAST 7TH STREET PANAMA CITY FL 32401	
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4. FEI Number 59-3489516	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Max's Maids of Honor Street Address (P.O. Box Number is Not Acceptable) 309 E 7th St City Panama City FL Zip Code 32401	
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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 <u>Essie Estelle Marshall</u> <u>President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>4-2-04</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 P	<input checked="" type="checkbox"/> Delete
NAME MARSHALL, MAX	
STREET ADDRESS 309 E 7TH ST	
CITY-ST-ZIP PANAMA CITY FL 32401	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Essie Estelle Marshall	
STREET ADDRESS 309 E 7th St	
CITY-ST-ZIP Panama City, FLA 32401	
TITLE Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Frances Pippin	
STREET ADDRESS 309 E 7th St	
CITY-ST-ZIP Panama City, FLA 32401	
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: Essie Estelle Marshall Essie Estelle Marshall 4/6/04 (850) 785-7380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #