

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000003099

1. Entity Name

SALES DIRECT MAX, INC.



Principal Place of Business

13014 N DALE MABRY
STE 213
TAMPA FL 33618

Mailing Address

13014 N DALE MABRY
STE 213
TAMPA FL 33618



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3487334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (5/05)

6. Name and Address of Current Registered Agent

CHOQUETTE, HENRY O JR
103 KENDALE DR
SAFETY HARBOR FL 34695

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

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

NOTE: Registered Agent's signature required when re-registering

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

§ 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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PCOB
NAME: CHOQUETTE, HENRY O JR
STREET ADDRESS: 103 KENDALE DR
CITY-ST-ZIP: SAFETY HARBOR FL 34695 ☐ Delete

TITLE: DV
NAME: EDWARDS, JEREMIAH W
STREET ADDRESS: 8340 ULMERTON RD
CITY-ST-ZIP: LARGO FL 33771 ☐ Delete

TITLE: TD
NAME: CHOQUETTE, DORIS R
STREET ADDRESS: 103 KENDALE DR
CITY-ST-ZIP: SAFETY HARBOR FL 34695 ☐ Delete

TITLE: SD
NAME: CHOQUETTE, HENRY O JR
STREET ADDRESS: 103 KENDALE DR
CITY-ST-ZIP: SAFETY HARBOR FL 34695 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Henry Choquette President

8-29-05