
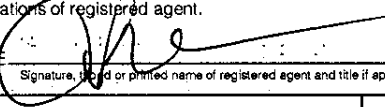



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90036 020 \*\*\*150.00

<b>DOCUMENT # P98000047592</b>					
<b>1. Entity Name</b> MAXTON MARKETING GROUP, INC.					
<b>Principal Place of Business</b> 6219 POPLAR GROVE DR PORT ORANGE, FL 32127-9517 US			<b>Mailing Address</b> 6219 POPLAR GROVE DR PORT ORANGE, FL 32127-9517 US		
<b>2. Principal Place of Business</b> 6048 SABAL HAMMOCK CIR. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> SAME			
City & State Port Orange, FL		City & State SAME		<b>4. FEI Number</b> 59-3511821	
Zip 32128		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BECKER, AARON J 6219 POPLAR GROVE DR PORT ORANGE, FL 32127			<b>7. Name and Address of New Registered Agent</b> Name: BECKER, AARON J Street Address (P.O. Box Number is Not Acceptable): 6048 SABAL HAMMOCK CIRCLE City: Port Orange FL Zip Code: 32128		
<b>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.</b> SIGNATURE:  <b>Aaron Becker - President. 2/3/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKER, AARON J 6219 POPLAR GROVE DR PORT ORANGE, FL 321279517	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President BECKER, AARON J. 6048 SABAL HAMMOCK CIR. Port Orange, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> 		2/3/04		3867619439	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

24008681



02032004 Chg-P CR2E034 (10/03)