## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000001466

Entity Name: MAXIMUM SUCCESS, INC.

**FILED** Feb 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12556 BRADY RD. JACKSONVILLE, FL 32223

**Current Mailing Address: New Mailing Address:** 

12556 BRADY RD. PO BOX 600794 JACKSONVILLE, FL 32223 ST JOHNS, FL 32260

FEI Number: 59-3549284 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEINHASE, ULRICH 1634 RACE TRACK RD SUITE 126 LEINHASE, ULRICH 12556 BRADY ROAD

JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32232 US

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.

SIGNATURE: 02/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST ( ) Delete Title: (X) Change ( ) Addition

LEINHASE, ULRICH LEINHASE, ULRICH Name: Name: 1637 RACE TRACT RD SUITE 126 Address: PO BOX 600794 Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: ST JOHNS, FL 32260

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULRICH LEINHASE **PST** 02/20/2009