

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000001466

Entity Name: MAXIMUM SUCCESS, INC.

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12556 BRADY RD.  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600794  
ST JOHNS, FL 32260

**New Mailing Address:**

FEI Number: 59-3549284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEINHASE, ULRICH  
12556 BRADY ROAD  
JACKSONVILLE, FL 32223 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: LEINHASE, ULRICH  
Address: PO BOX 600794  
City-St-Zip: ST JOHNS, FL 32260

I hereby 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 all other like empowered.

SIGNATURE: ULRICH LEINHASE

PST

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date