

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P99000069675**

1. Entity Name

**MAXXUM REALTY SERVICES, INC.**



Principal Place of Business

**2312 YELLOW JASMINE LANE  
ORANGE PARK, FL 32003 US**

Mailing Address

**PO BOX 79  
ORANGE PARK, FL 32067 US**



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3593272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SANTORO, THOMAS C ESQ.  
1700 WELLS RD., STE. 5  
ORANGE PARK, FL 32073**

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME BAKER, PETER J  
STREET ADDRESS 2312 YELLOW JASMINE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE TVS  
NAME BAKER, PETER J  
STREET ADDRESS 2312 YELLOW JASMINE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE V  
NAME BAKER, JUDITH A  
STREET ADDRESS 2312 YELLOW JASMINE LANE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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05/02/06-80141-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER J. BAKER**

**4/11/06 904 215-0019**

Date

Daytime Phone #