


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # S49753 1. Entity Name MAGGIE V CORPORATION	
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Principal Place of Business 231 DOUGLAS RD. E., STE 1 OLDSMAR, FL 34677	Mailing Address 231 DOUGLAS RD. E., STE 1 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3066918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROEFARO, GENE 231-A DOUGLAS ROAD UNIT 1 OLDSMAR, FL 34677

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000675512 03/30/07-80022-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROEFARO, GENE 231 DOUGLAS ROAD E #1 OLDSMAR, FL 346772943
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS DONAHEY, JOSEPH 50 WOODGLEN COURT OLDSMAR, FL 346772943
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHEY, JOSEPH G JR 50 WOODGLEN COURT OLDSMAR, FL 346772943
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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.
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SIGNATURE:  <small>SIGNATURE, TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>	3-19-07 <small>Date</small>	727-789-3003 <small>Daytime Phone #</small>
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