

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 023 \*\*\*150.00

**DOCUMENT # S81950**

1. Entity Name  
MAXINE'S, INC.



Principal Place of Business

1033 5TH AVENUE  
NAPLES, FL 34104 US

Mailing Address

1033 5TH AVENUE  
NAPLES, FL 34104 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

01212008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0286314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANNON, PAMELA J  
6151 STONEWOOD COURT  
NAPLES, FL 34112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CANNON, SYLVIA M	
STREET ADDRESS	5210 CYPRESS LANE	
CITY-STATE-ZIP	NAPLES, FL 34113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANNON, PAUL D	
STREET ADDRESS	5210 CYPRESS LANE	
CITY-STATE-ZIP	NAPLES, FL 34113	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANNON, PAMELA J	
STREET ADDRESS	6151 STONE WOOD CT	
CITY-STATE-ZIP	NAPLES, FL 34112	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESTES, ANNETTE	
STREET ADDRESS	5351 DIXIE DR	
CITY-STATE-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

SIGNATURE:

*Pamela Cannon*

1/24/08 (239) 263-2884