
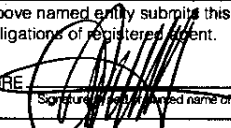



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90072 016 \*\*\*150.00

<b>DOCUMENT # V70584</b> 1. Entity Name <b>MAXWELL FOODS, INC.</b>					
Principal Place of Business <b>3200 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118</b>			Mailing Address <b>3200 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118</b>		
2. Principal Place of Business <b>44 CORMORANT CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>44 CORMORANT CIRCLE</b> Suite, Apt. #, etc.			
City & State <b>DAYTONA BEACH FL</b> Zip <b>32119</b>		City & State <b>DAYTONA BEACH FL</b> Zip <b>32119</b>		4. FEI Number <b>59-3146800</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAXWELL, PHILIP 3200 S. ATLANTIC AVE. DAYTONA BEACH SHORE, FL 32118</b>				7. Name and Address of New Registered Agent Name <b>MAXWELL, PHILIP</b> Street Address (P.O. Box Number is Not Acceptable)  <b>44 CORMORANT CIRCLE</b> City <b>DAYTONA BEACH</b> <b>FL</b> Zip Code <b>32119</b>	
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:  <b>PHILIP MAXWELL</b> DATE: <b>JAN 27 2004</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <small>Trust Fund Contribution.</small>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>MAXWELL, PHILIP</b> STREET ADDRESS <b>44 CORMORANT CIR</b> CITY-ST-ZIP <b>DAYTONA BEACH, FL 32119</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>ST</b> NAME <b>MAXWELL, NOREEN</b> STREET ADDRESS <b>44 CORMORANT CIR</b> CITY-ST-ZIP <b>DAYTONA BEACH, FL 32119</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:  <b>PHILIP MAXWELL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>JAN 27 2004</b> Daytime Phone #: <b>386-322-0322</b>		