

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90021 030 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # V70584 1. Entity Name MAXWELL FOODS, INC.					
Principal Place of Business 44 CORMORANT CIRCLE DAYTONA BEACH, FL 32119			Mailing Address 44 CORMORANT CIRCLE DAYTONA BEACH, FL 32119		
2. Principal Place of Business 2615 TAMARIND ROAD Suite, Apt. #, etc.		3. Mailing Address 2615 TAMARIND ROAD Suite, Apt. #, etc.			
City & State SANIBEL ISLAND FL Zip 33957 Country USA		City & State SANIBEL ISLAND FL Zip 33957 Country USA		4. FEI Number 59-3146800	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAXWELL, PHILIP 44 CORMORANT CIRCLE DAYTONA BEACH, FL 32119			7. Name and Address of New Registered Agent Name PHILIP MAXWELL Street Address (P.O. Box Number is Not Acceptable) 2615 TAMARIND ROAD City SANIBEL ISLAND FL Zip Code 33957		
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 1-6-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, PHILIP		NAME		
STREET ADDRESS	44 CORMORANT CIR		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
TITLE	ST <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, NOREEN		NAME		
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STREET ADDRESS	2615 TAMARIND ROAD		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL ISLAND FL 33957		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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:			1-6-05 239-472-5225		
<small>SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		