

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F84940

**Entity Name:** MAX DAVIS ASSOCIATES, INC.**Current Principal Place of Business:**1101 NORTHPOINT PKWY.  
SUITE B  
WEST PALM BEACH, FL 33407**Current Mailing Address:**PO BOX 3968  
SOUTH BEND, IN 46619 US**FEI Number:** 59-2207359**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARLILE, REX  
1101 NORTHPOINT PKWY  
SUITE B  
WEST PALM BEACH, FL 33407 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	C
Name	CARLILE, REX
Address	2612 FOUNDATION DRIVE
City-State-Zip:	SOUTH BEND IN 46628

Title	VC
Name	CARLILE, HELEN
Address	2612 FOUNDATION DRIVE
City-State-Zip:	SOUTH BEND IN 46628

Title	P
Name	CARLILE, DONALD
Address	2612 FOUNDATION DRIVE
City-State-Zip:	SOUTH BEND IN 46628

Title	V
Name	CARLILE, DEAN
Address	2612 FOUNDATION DRIVE
City-State-Zip:	SOUTH BEND IN 46628

Title	V
Name	RIGGS, DAVID
Address	2612 FOUNDATION DRIVE
City-State-Zip:	SOUTH BEND IN 46628

Title	ST
Name	RIGGS, KATHY
Address	2612 FOUNDATION DRIVE
City-State-Zip:	SOUTH BEND IN 46628

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEAN CARLILE

VICE PRESIDENT

02/25/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date