

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000017229

**Entity Name:** MAXWELL-SMITH, INC.

**Current Principal Place of Business:**

1642 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

P.O. BOX 1361  
JENSEN BEACH, FL 34958 US

**FEI Number:** 86-2313299

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAXWELL, KIRA B  
1642 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984 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:** KIRA MAXWELL

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MAXWELL, KIRA B  
Address 1642 SW BILTMORE ST  
City-State-Zip: PORT SAINT LUCIE FL 34984

*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:** KIRA MAXWELL

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04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date