


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90060 006 ***150.00

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1. Entity Name
MIKE'S MAINTENANCE UNLIMITED INC



Principal Place of Business
**2810 NEEDLE PALM DR
 EDGEWATER, FL 32141**

Mailing Address
**2810 NEEDLE PALM DR
 EDGEWATER, FL 32141**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40003845



01112005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0505418

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALOISE, MICHAEL J
 2810 NEEDLE PALM DR
 EDGEWATER, FL 32141**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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	ALOISE, MICHAEL J	
STREET ADDRESS	2810 NEEDLE PALM DR	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALOISE, MARK T	
STREET ADDRESS	2810 NEEDLE PALM DR	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALOISE, VICKI G	
STREET ADDRESS	2810 NEEDLE PALM DR	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aloise, Vicki G.	
STREET ADDRESS	2810 Needle Palm Dr.	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Limoges, Donald J.	
STREET ADDRESS	2810 Needle Palm Dr.	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Vicki G. Aloise **11/8/2005** **386-689-2446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #