

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005677 1. Entity Name MAINE REALTY SERVICES CORPORATION	
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Principal Place of Business 20320 FAIRWAY OAKS 343 BOCA RATON, FL 33434 US	Mailing Address P.O. BOX 880348 BOCA RATON, FL 33488-0348
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02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FEIT, MATIS A
20320 FAIRWAY OAKS
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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 NAME STREET ADDRESS CITY - ST - ZIP	PC FEIT, MATIS 20320 FAIRWAY OAKS BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FEIT, ELAINE B 20320 FAIRWAY OAKS BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FEIT, STEVEN 20320 FAIRWAY OAKS BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/18/05-80050-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/05 5614771776