2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 766219

1. Entity Name
1204 MAINTENANCE CORPORATION, INC.

Principal Place of Business	Mailing Address
1204 NW 69TH TERR STE E GAINESVILLE, FL 32605	1204 NW 69TH TERR STE E GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2279437
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALADINO, JAMES C
1204 NW 69TH TERR
STE E
GAINESVILLE, FL 32605

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AVANT, HUGH B.
STREET ADDRESS	1204 NW 69TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD
NAME	SMITH, RICHARD L.
STREET ADDRESS	1204 NW 69TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD
NAME	PALADINO, JAMES C.
STREET ADDRESS	1204 NW 69TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	STD
NAME	JURECKO, KEVIN R.
STREET ADDRESS	1204 NW 69TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80031-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: JHA 4/4/06 352-331-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #