

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736826

FILED
Jan 13, 2009
Secretary of State

Entity Name: KANAPAH MAINTENANCE, INC.

Current Principal Place of Business:

5745 SW 75TH ST
PMB 126
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5745 SW 75TH ST
PMB 126
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-1729409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, JOHN
6821 SW 93 AVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HECKER, EMIL
Address: 10118 S.W. 67TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: DVP () Delete
Name: HIGGINBOTHAM, STANLEY
Address: 6401 SW 83RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: DS () Delete
Name: DUFFER, DEBRA
Address: 10122 SW 67 DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: BM () Delete
Name: MCQUAGGE, JOEL
Address: 10105 SW 67 DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: BM () Delete
Name: WHITE, JAMES
Address: 7323 SW 93 AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: DP () Delete
Name: LUTZ, JOHN
Address: 6821 SW 93 AVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LUTZ

DP

01/13/2009

Electronic Signature of Signing Officer or Director

Date