

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90034 008 \*\*\*150.00

**DOCUMENT # 377230**

1. Entity Name

ALL SERVICES AND MAINTENANCE, INC.



Principal Place of Business

2256 TAMIAMI TRAIL EAST  
NAPLES FL 34112

Mailing Address

2256 TAMIAMI TRAIL EAST  
NAPLES FL 34112

2. Principal Place of Business

2256 Tamiami Trail E.

Suite, Apt. #, etc.

3. Mailing Address

2256 Tamiami Tr. E

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34112

Country

U.S.A.

Zip

34112

Country

U.S.A.

4. FEI Number

58-1138523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENDES, ANTONE C  
2256 E.TAMIAMI TRAIL  
NAPLES FL 34112

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MENDES, ANTONE  
STREET ADDRESS 2256 E.TAMIAMI TR  
CITY-ST-ZIP NAPLES FL 34112

TITLE VP ☐ Delete  
NAME MENDES, AMY  
STREET ADDRESS 3000 71TH ST SW  
CITY-ST-ZIP NAPLES FL 34105

TITLE S ☐ Delete  
NAME STEPHANSHI, VALERIE  
STREET ADDRESS 2256 E.TAMIAMI TR  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 titles empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/04