

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 672870

1. Entity Name
MAINT-CO SERVICES, INC.



Principal Place of Business
11635 N W 1ST AVENUE
GAINESVILLE, FL 32607

Mailing Address
11635 N W 1ST AVENUE
GAINESVILLE, FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2005825

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, JOHN M
11635 N W 1ST AVENUE
GAINESVILLE, FL 32607

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, 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 PD ☐ Delete
NAME CURTIS, JOHN M
STREET ADDRESS 11635 NW 1ST AVE
CITY-ST-ZIP GAINESVILLE, FL

TITLE STD ☐ Delete
NAME CURTIS, GAIL
STREET ADDRESS 11635 NW 1ST AVE
CITY-ST-ZIP GAINESVILLE, FL

TITLE VD ☐ Delete
NAME HALE, TASHIA C.
STREET ADDRESS 11635 NW 1ST AVENUE
CITY-ST-ZIP GAINESVILLE, FL

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 700054007117
STREET ADDRESS 05/06/05--01054--007 **158.75
CITY-ST-ZIP

TITLE VTD ☒ Change ☐ Addition
NAME Curtis, Gail W.
STREET ADDRESS 11635 NW 1st Ave
CITY-ST-ZIP Gainesville, FL

TITLE SD ☒ Change ☐ Addition
NAME Hale Tashia, C
STREET ADDRESS 11635 NW 1st Ave
CITY-ST-ZIP Gainesville, FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Curtis
President

03/08/05

352-332-0838

Date

Daytime Phone #

FILED
05 APR 12 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

