

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90086 039 \*\*\*\*61.25

**DOCUMENT # 736826**

1. Entity Name

KANAPAHA MAINTENANCE, INC.



Principal Place of Business

5745 SW 75TH ST  
PMB 126  
GAINESVILLE FL 32608

Mailing Address

5745 SW 75TH ST  
PMB 126  
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1729409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOLMACH, ROBERT S  
10011 SW 67 DRIVE  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

LUTZ, JOHN

Street Address (P.O. Box Number is Not Acceptable)

6821 SW 93 AVE.

City

GAINESVILLE

FL

Zip Code

32608

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

JOHN LUTZ, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

01/24/06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

DT  
HECKER, EMIL  
STREET ADDRESS  
10118 S.W. 67TH DRIVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☒ Delete

BM  
HOLDER, MARION  
STREET ADDRESS  
6724 SW 93 AVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☐ Delete

D3  
DUFFER, DEBRA  
STREET ADDRESS  
10122 SW 67 DRIVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☐ Delete

BM  
MCQUAGGE, JOEL  
STREET ADDRESS  
10105 SW 67 DRIVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☒ Delete

DP  
TOLMACH, ROBERT S  
STREET ADDRESS  
10011 SW 67 DRIVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☐ Delete

DVP  
LUTZ, JOHN  
STREET ADDRESS  
6821 SW 93 AVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

DT  
HECKER, EMIL  
STREET ADDRESS  
10118 S.W. 67TH DRIVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☐ Change ☒ Addition

DVP  
HUNT TOM  
STREET ADDRESS  
7019 SW 93 AVE  
CITY-ST-ZIP  
GAINESVILLE, FL 32608

TITLE NAME ☐ Change ☐ Addition

DT  
HECKER, EMIL  
STREET ADDRESS  
10118 S.W. 67TH DRIVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☐ Change ☐ Addition

BM  
MCQUAGGE, JOEL  
STREET ADDRESS  
10105 SW 67 DRIVE  
CITY-ST-ZIP  
GAINESVILLE FL 32608

TITLE NAME ☐ Change ☒ Addition

BM  
WHITE, JAMES  
STREET ADDRESS  
7323 SW 93 AVE  
CITY-ST-ZIP  
GAINESVILLE, FL 32608

TITLE NAME ☒ Change ☐ Addition

DP  
LUTZ, JOHN  
STREET ADDRESS  
6821 SW 93 AVE  
CITY-ST-ZIP  
GAINESVILLE, FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Emil Hecker* EMIL HECKER TREASURER 01/24/06 352 375 4021