2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90042 028 ****61.25

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AND PROMOTE PLACE SARASOTA, FL 34232 US Suite, Apt. 4 etc. Suite, Apt. 4 etc. City & State City		GATE MA	AINTENANCE AI PIATION , INC.	ND PRO	PERTY									
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Sp. 2017/3382 Not Applicable	Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				01062008	Chg	j-NP	CR2E	037 (12/06)		
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PROKOP P.A. 3707 RADNOR PLACE SARASOTA, FL 34232 8. The above named entity automic this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent and the / spoketish Filling Fee is \$64,25 Due by May 1, 2008 Filling Fee is \$64,25 Filling Fee is \$64,25 Due by May 1, 2008 Filling Fee is \$64,25 Due by May 1, 2008 Filling Fee is \$64,25 Filling Fee is \$64,25 Filling Fee is \$64,25 Filling Fee is \$64,25 Due by May 1, 2008 Filling Fee is \$64,25 Filling Fee is \$	Zip Country Z			Zip	ip Country				5. Certificat	te of Stat	tus Desired			
PROKOP P.A. 3707 RADOR PLACE SARASOTA, FL 34232 City FL Zip Code		6. <u>Name</u>	and Address of Currer	nt Registere	d Agent				7. Name an	d Addre	as of New	Registere	d Agent	
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familier with, and accept the solutions of Rorida Control of Rorida Contr	PROKOD	ДΔ					Name			-		- .		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyard or printed name of registered agent and ster # exploitable. (NOTE: Registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.	3707 RAD	NOR PLAC	_				Street A	ddress (F	P.O. Box Num	ber is No	ot Acceptab	ie)		
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Due by May 1, 2008	SIGNATURE		or printed name of registered age	ent and title if end	icenia (NOT	F. S	4 4					DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD JAFFE, JC 3901 CEN SARASOT VD EDELMAN 4214 CEN SARASOT D HODALSK 4164 CEN SARASOT PD VITIKAINE 5428 WILM SARASOT D DRUMM, N 4010 CEN	P IS \$61.25 IN 1, 2008 OFFICERS AND E OFFIC		9. Election Car Trust Fund (TITLE NAME STREE CITY NAME STREE CITY TITLE NAME STREE CITY NAME STREET	inancing on. E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP		\$5.00 May Added to Fee	HANGES	FIG.	Make che rida Dep ERS AND	Ck payable to artment of S DIRECTORS II Change Change Change	tate 1 10 Addition Addition Addition
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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:

9413713588