


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State


DOCUMENT # 750734

1. Entity Name
7109 MAINTENANCE CORPORATION



Principal Place of Business 7109 N.W. 11TH PLACE GAINESVILLE, FL 32605	Mailing Address 7109 N.W. 11TH PLACE GAINESVILLE, FL 32605
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02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1989884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QAIYUMI, SHAHEDA M.D.
7109 NW 11TH PLACE
SUITE A
GAINESVILLE, FL 32605

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRYFUSS, JOHN 7109 NW 11TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHIAVONI, LISA 7109 NW 11TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LANDAY, STEPHEN E 7109 NW 11TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QAIYUMI, SHAHEDA 7109 N.W. 11TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEITZEL, KENT 7109 N.W. 11TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/11/04-80027-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shaheda Qaiyumi **SHAHEDA QAIYUMI** 2-5-04 352-331-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #