

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 750734**  
 1. Entity Name  
**7109 MAINTENANCE CORPORATION**

Principal Place of Business      Mailing Address  
**7109 N.W. 11TH PLACE**      **7109 N.W. 11TH PLACE**  
**GAINESVILLE FL 32605**      **GAINESVILLE FL 32605**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/06)  
 4. FEI Number      Applied For  
**59-1989884**      Not Applicable

6. Name and Address of Current Registered Agent  
**QAIYUMI, SHAHEDA M.D.**  
**7109 NW 11TH PLACE**  
**SUITE A**  
**GAINESVILLE FL 32605**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete DRYFUSS, JOHN 7109 NW 11TH PLACE GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete EVBAY, GUVOL M.D. 7109 NORTHWEST 11TH PLACE STE B GAINESVILLE FL 32605
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST <input type="checkbox"/> Delete LANDAY, STEPHEN E 7109 NW 11TH PLACE GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete QAIYUMI, SHAHEDA 7109 N.W. 11TH PL GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete WEITZEL, KENT 7109 N.W. 11TH PL GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000834194 02/21/07-80092-016 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *S. Qaiyumi*

2-8-07 352-331-2890