

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757734**

1. Entity Name  
7003 MAINTENANCE CORPORATION, INC.



Principal Place of Business  
7003 N W 11TH PLACE  
SUITE 1  
GAINESVILLE, FL 32605

Mailing Address  
7003 N W 11TH PLACE  
SUITE 1  
GAINESVILLE, FL 32605



01272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2211265

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WEINSHELBAUM MD, ARLENE M  
7003 N W 11TH PLACE, SUITE 3  
GAINESVILLE, FL 32605

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	MAICO, DANIEL
STREET ADDRESS	7003 NW 11TH PLACE #6
CITY- ST- ZIP	GAINESVILLE FL,
TITLE	TD
NAME	WEINSHELBAUM, ARLENE
STREET ADDRESS	7003 N W 11TH PL
CITY- ST- ZIP	GAINESVILLE, FL
TITLE	PD
NAME	AUERBACH, DAVID
STREET ADDRESS	7003 N W 11TH PL
CITY- ST- ZIP	GAINESVILLE, FL
TITLE	D
NAME	WEINSHELBAUM, EDWARD
STREET ADDRESS	7003 NW 11TH PL
CITY- ST- ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000364298  
05/06/05-80036-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/28/05