


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 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
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03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2211265	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
 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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

UD0000517836
 05/01/06-80061-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ *Arlene M. Weinschelbaum* _____ **4-17-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #