




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
04-04-2007 90186 025 \*\*\*\*61.25  
FILED

07 JUN -1 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RSC*

<b>DOCUMENT # 757734</b>					
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		 03192007 Chg-NP CR2E037 (12/06)	
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	4. FEI Number 59-2211265	Applied For Not Applicable
6. Name and Address of Current Registered Agent WEINSHELBAUM MD, ARLENE M 7003 N W 11TH PLACE, SUITE 1 GAINESVILLE, FL 32605				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAICO, DANIEL		NAME		
STREET ADDRESS	7003 NW 11TH PLACE #8		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL,		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSHELBAUM, ARLENE		NAME		
STREET ADDRESS	7003 N W 11TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUERBACH, DAVID		NAME		
STREET ADDRESS	7003 N W 11TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSHELBAUM, Edward		NAME		
STREET ADDRESS	7003 NW 11TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-23-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

*Document corrected per Janice Vogel. RSC*