



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002665 1. Entity Name MAINTENANCE ENTERPRISES, INC.			
Principal Place of Business 52410 CLARK ROAD WHITE CASTLE, LA 70788		Mailing Address 52410 CLARK ROAD WHITE CASTLE, LA 70788	
DO NOT WRITE IN THIS SPACE		 01062004 No Chg-P CR2E034 (10/03)	
4. FEI Number 72-1228646		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPISI, MICHAEL 29810 HWY. 405 BAYOU GOULA, LA 70764		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAMPESI, ROSS JR. 33890 HWY. 405 WHITE CASTLE, LA 70788		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CAMPESI, PATRICK 33890 HWY. 405 WHITE CASTLE, LA 70788		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYMEL, JUANITA C 33860 HWY. 405 WHITE CASTLE, LA 70788		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		
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 607, 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: <u>Ross Campesi Jr.</u>		Ross Campesi Jr. 4-12-04 225-545-3040	