

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90034 035 ***150.00

DOCUMENT # F02000003888

1. Entity Name

POTEATS MAINTENANCE, INC.



Principal Place of Business

3903 TURNBURY ST
VALRICO FL 33594

Mailing Address

3903 TURNBURY ST
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2229511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POTEAT, PRESTON W
3903 TURNBURY ST
VALRICO FL 33594

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	POTEAT, PRESTON WAYNE	
STREET ADDRESS	254 OAKWOOD CIRCLE	
CITY-ST-ZIP	DANVILLE VA 24541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POTEAT, JOHN C	
STREET ADDRESS	8424 FANTASIA PARKWAY	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	ST	<input type="checkbox"/> Delete
NAME	POTEAT, VICTORIA M	
STREET ADDRESS	254 OAKWOOD CIRCLE	
CITY-ST-ZIP	DANVILLE VA 24541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poteat, Preston Wayne	
STREET ADDRESS	3903 Turnbury Street	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poteat, John C.	
STREET ADDRESS	8424 Fantasia Parkway	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	CFO & T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poteat, Victoria M.	
STREET ADDRESS	3903 Turnbury Street	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	Chris Vice-President & S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Worley, Christina P.	
STREET ADDRESS	1416 Scotch Pine DR.	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Worley, Jason D.	
STREET ADDRESS	1416 Scotch Pine DR.	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poteat, Wendy J.	
STREET ADDRESS	8424 Fantasia Parkway	
CITY-ST-ZIP	Riverview, FL 33569	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Victoria M. Poteat

Victoria M. Poteat

2-6-04

813-661-3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #