

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

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**



02072006

No Chg-P

CR2E034 (11/05)

4. FEI Number
56-2229511

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**POTEAT, PRESTON W
3903 TURNBURY ST
VALRICO, FL 33594**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	POTEAT, PRESTON WAYNE
STREET ADDRESS	3905 TURNBURY STREET
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	P
NAME	POTEAT, JOHN C
STREET ADDRESS	1306 RUSTLEWOOD DRIVE
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	CFOT
NAME	POTEAT, VICTORIA M
STREET ADDRESS	3903 TURNBURY STREET
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VPS
NAME	WORLEY, CHRISTINE P
STREET ADDRESS	1416 SCOTCH PINE DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	WORLEY, JASON D
STREET ADDRESS	1416 SCOTCH PINE DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	POTEAT, WENDY J
STREET ADDRESS	1306 RUSTLEWOOD DRIVE
CITY-ST-ZIP	BRANDON, FL 33510

1100000425538
02/20/06-80005-005 150.00

1100000425538
02/20/06-80005-006 8.75

**DO NOT WRITE
IN THIS SPACE**

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 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:

Christina P. Worley **Christina P. Worley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 (813) 661-3335
Date Daytime Phone #