

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-15-2005 90102 037 ***150.00

DOCUMENT # H11077 1. Entry Name ABLE MAINTENANCE, INC.					
Principal Place of Business 10575 68TH AVE N STE B-3 SEMINOLE FL 33772 US			Mailing Address 10575 68TH AVE N STE B-3 SEMINOLE FL 33772 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2434966	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, DONALD V. #1-KEY CAPRI DRIVE #113W TREASURE ISLAND FL 33706			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	GRAHAM, DONALD		STREET ADDRESS	PAUL GRAHAM	
CITY- ST- ZIP	1 KEY CAPRI DR, 113W TREASURE ISLAND FL		CITY- ST- ZIP	4941 LEOGEWOOD COMMERCIAL TRW. 141CH. 48382	
TITLE			TITLE	PATRICIA T. GRAHAM	
STREET ADDRESS			STREET ADDRESS	1 KEY CAPRI DR. 113W. 3/T	
CITY- ST- ZIP			CITY- ST- ZIP	TREASURE ISLAND, FL. 33706	
TITLE			TITLE		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
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 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>Donald V. Graham</u> <u>Donald V. GRAHAM</u> 3/17/05 727-399-437 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					