

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41658

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: PARKING AREA MAINTENANCE, INC.

## Current Principal Place of Business:

6920 ASPHALT AVE  
TAMPA, FL 33614

## New Principal Place of Business:

1564 OAKADIA LANE  
CLEARWATER, FL 33764

## Current Mailing Address:

6920 ASPHALT AVE  
TAMPA, FL 33614

## New Mailing Address:

1564 OAKADIA LANE  
CLEARWATER, FL 33764

FEI Number: 59-2502053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILLIGAN, TERRIE L.  
6920 ASPHALT AVENUE  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

BRUCE G KAUFMANN, J.D. P.A.  
1564 OAKADIA LANE  
CLEARWATER, FL 33764 US

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.

SIGNATURE: BRUCE G KAUFMANN

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GILLIGAN, TERRIE L P  
Address: 6920 ASPHALT AVE  
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Delete  
Name: STANISLAUS, TODD VP  
Address: 6920 ASPHALT AVE  
City-St-Zip: TAMPA, FL 33614

Title: ST (X) Delete  
Name: STANISLAUS, MARY ST  
Address: 6920 ASPHALT AVE  
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Delete  
Name: LEET, THOMAS R  
Address: 6920 ASPHALT AVE  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MATTHEWS, SHIRLEY A P  
Address: 1564 OAKADIA LANE  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MATTHEWS

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date