


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # J88748 1. Entity Name MAIDENBERG & ASSOCIATES, INC.	
--	---

Principal Place of Business 1101 BELCHER ROAD SOUTH SUITE F LARGO, FL 33771 US	Mailing Address 1101 BELCHER ROAD SOUTH SUITE F LARGO, FL 33771 US
--	--

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2921251	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**MAIDENBERG, LEE F.
2457 LAKE POINT LANE
CLEARWATER, FL 33762**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000199317
01/27/05-80087-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MAIDENBERG, LEE F. 2457 LAKE POINT LANE CLEARWATER, FL 33762
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD LILLY, RONALD 751 RENEGADE LN PORT ORANGE, FL 32019
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAIDENBERG, LEE F 2457 LAKE POINT LN CLEARWATER, FL 33762
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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 reports 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee F. Maidenbergs - President

Date

Daytime Phone #

1/25/05 727-531-7885