


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J89994**  
1. Entity Name  
**TOTAL MAINTENANCE OF BAY COUNTY, INC.**



Principal Place of Business      Mailing Address  
C/O JEFFREY W. WARD      C/O JEFFREY W. WARD  
2326 EAST 34TH PLACE      2326 EAST 34TH PLACE  
PANAMA CITY, FL 32405 US      PANAMA CITY, FL 32405 US

**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2846863**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WARD, JEFFREY W.**  
**2326 34 PLACE**  
**PANAMA CITY, FL 32405**

**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 \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARD, THERESA D. 2326 E 34TH PLACE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, JEFFREY W. 2326 E 34TH PLACE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000312728  
04/18/05-80096-011 150.00

**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 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: Theresa D Ward Theresa D WARD      Date: 4/15/05      Daytime Phone #: 850.285-8636