


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # K79549 1. Entity Name SPOT BUILDING MAINTENANCE, INC.	
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Principal Place of Business 2539 FIELDCREST CT HOLIDAY, FL 34691 US	Mailing Address 2539 FIELDCREST CT HOLIDAY, FL 34691 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2946287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERSON, GARY 2539 FIELDCREST CT HOLIDAY, FL 34691

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERSON, GARY 2539 FIELDCREST CT HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETERSON, LORNA 2539 FIELDCREST CT HOLIDAY, FL 34691
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<p>1100000232579 02/17/05-80008-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lorna Peterson Lorna Peterson 2/5/05 (727) 944-4366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #