## 2005 FOR PROFIT CORPORATION-ANNUAL REPORT

## FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # L33243  1. Entity Name INTEGRATED PROPERTY MAINTENANCE, INC.				Secretary of State
Principal Place of Business 5008 W LINEBAUGH AVE #26 TAMPA, FL 33624 US  2. Principal Place of Business Suite, Apt #, etc  City & State  Zip Country		Mailing Address		<del>-</del>
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		3. Mailing Address		
		Suite, Apt. #, etc.	<del></del>	02082005 Chg-P CR2E034 (10/03)
City & State	e	City & State		4. FEI Number Applied For 59-3156608 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
DURAND, ROBERT C				non/RO Bay Number in Not Appendiable)
20910 EUSTIS RD Street Address (P.O. Box Number is Not Acceptable) LAND O LAKES, FL 34639				255 (F.O. DOX Number is Not Acceptable)
			City	FL Zip Code
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 primed name of registored agent and late it applicable (NOTE, Registered Agent signature required when remstating)  DATE				
	Signature Typed or printed name of registered agent	and site if applicable (1904	E. Registered Agent signature rec	daned when tell statistics
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Conf		\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	DP DURAND, ROBERT C.	🔲 Deiele_	TIFLE NAME	☐ Change ☐ Addition
STREET ADDRESS	20910 EUSTIS RD		STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES, FL 34639	<del></del>	CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	000000286) 17 □ Change □ Addition 04/04/05-80015-014 150.00
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	,		NAME 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 179:07(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 chapter or on an attachment with an address, with all other like empowered.				

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