

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # L36000

1. Entity Name
MAINTAIN LANDSCAPING, INCORPORATED



Principal Place of Business
**2842 FORSYTH RD
SUITE 504
WINTER PARK, FL 32792 US**

Mailing Address
**P. O. BOX 4183
P.O. BOX 4183
WINTER PARK, FL 32793 US**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2973880

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKERSICK, TERI J.
1045 PALADIN CT
ORLANDO, FL 32812**

**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, 2007 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	P DEYOUNG, DOUGLAS PERRY 4912 JINOU AVENUE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKERSICK, CHRISTOPHER E. 1045 PALADIN CT. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKERSICK, TERI J. 1045 PALADIN CT. ORLANDO, FL 32812
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Teri Skersick **Teri Skersick**

3-30-07

4076787004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #