



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90078 033 ***150.00

DOCUMENT # L88839 1. Entity Name MAXIMUM MAINTENANCE OF TAMPA, INC.					
Principal Place of Business 10713 CARROLL LAKE DRIVE TAMPA, FL 33618-4015 US			Mailing Address 10713 CARROLL LAKE DRIVE TAMPA, FL 33618-4015 US		
2. Principal Place of Business 10707 Carroll lake DR Suite, Apt. #, etc.		3. Mailing Address 10707 Carroll Lake DR Suite, Apt. #, etc.		<div style="font-size: 1.5em; transform: rotate(-10deg); display: inline-block;">40046918</div> 	
City & State Tampa FL Zip 33618 Country US		City & State Tampa, FL Zip 33618 Country US		4. FEI Number 59-3021760	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NETZLER, DAVID E. 10713 CARROLL LAKE DRIVE TAMPA, FL 33618-4015			7. Name and Address of New Registered Agent Name Netzler, David E. Street Address (P.O. Box Number is Not Acceptable) 10707 Carroll Lake DR City Tampa FL Zip Code 33618		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NETZLER, DAVID E. <input type="checkbox"/> Delete 10713 CARROLL LAKE DR TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Netzler, David E. 10707 Carroll Lake DR Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<div style="text-align: right;"> 4-10-06 813-261-3211 Date Daytime Phone # </div>		