# 2007 FOR PROFIT CORPORATION

# FILED May 08, 2007 8:00 am Secretary of State 05-08-2007 90014 042 \*\*\*150.00

ANTIONE ILEI OILI							
DOCUMENT # L88839  1. Entity Name MAXIMUM MAINTENANCE OF TA	AMPA, INC.						
Principal Place of Business	Mailing Address						
10707 CARROLL LAKE DR TAMPA, FL 33618 US. 10414 N. FLonda Ave. Timpa, FL 33612	10707 CARROLL LAKE DR TAMPA, FL 33618 US (0414 N. Florede Avenue Tampa, FL 33612						

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04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3021760

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NETZLER, DAVID E. 10707 CARROLL LAKE DR TAMPA, FL 33618

# 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.  Aux of F. Netzler Presidant 4-26-07							
SIGNATURE							
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 DIREC	CTORS	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NETZLER, DAVID E. 10707 CARROLL LAKE DR TAMPA, FL 33618		 !				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert L Awell, Ir 10813 11745 Street N. Jeminole, FZ 3317	8	* * * * * * * * * * * * * * * * * * *				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	O NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							