



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01483</b> 1. Entity Name <b>1109 MAINTENANCE CORPORATION, INC.</b>	
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Principal Place of Business <b>ATTN: A. SANTANGINI 1109 NORTHWEST 23RD AVENUE GAINESVILLE, FL 32609-3462</b>	Mailing Address <b>ATTN: A. SANTANGINI 1109 NORTHWEST 23RD AVENUE GAINESVILLE, FL 32609-3462</b>
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2878084</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

5. Name and Address of Current Registered Agent

**WATSON, WILLIAM B. III  
527 EAST UNIVERSITY  
GAINESVILLE, FL 32601**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANTLON, JOHN G 1109 NW 23RD AVE., STE A GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTANGINI, ANDREW V. 1109 NW 23 RD AVE STE B GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KAMPE, OTTO F. 1109 NW 23RD AVE GAINESVILLE, FL 32609
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05/03/04-80114-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** Andy V. Santangini Jr. **4/30/04** **352-376-3351**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #