

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000075695**

1. Entity Name  
**DHS MAINTENANCE MANAGEMENT INC.**



Principal Place of Business  
**327 W NY AVE  
LAKE HELEN, FL 32744**

Mailing Address  
**352 CONNECTICUT AVE  
LAKE HELEN, FL 32744**



05022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3662940** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PRESTON, TODD W  
352 CONNECTICUT AVE  
LAKE HELEN, FL 32744**

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESTON, TODD W 352 CONN AVE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESTON, CYNTHIA B 352 CONN AVE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRESTON, TODD W 352 CONNECTICUT AVE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESTON, TODD W 352 CONNECTICUT AVE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000363410  
05/05/05-80155-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*Todd W. Preston*

**TODD W. PRESTON, PRES.**

Date

**4/29/05**

Daytime Phone #

**(386) 228-0554**