## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000097404

Entity Name: MAIDS OF FT. WALTON, INC.

FILED Apr 29, 2005 Secretary of State

| Current Principal Place of Business:  |                                    | New Principal Place of Business:   |  |  |
|---|------------------------------------|------------------------------------|--|--|
| 722-A BEAL PARKWA<br>FT. WALTON BEACH,  |                                    |                                    |  |  |
| Current Mailing Address:  |                                    | New Mailing Address:               |  |  |
| 722-A BEAL PARKWA<br>FT. WALTON BEACH,  |                                    |                                    |  |  |
| FEI Number: 59-3677800  | FEI Number Applied For()           | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                                    |                                    | f New Registered Agent:                      |  |
| KERSHAW, THOMAS<br>722-A BEAL PARKWA<br>FT. WALTON BEACH,                               | YNW                                |                                    |  |  |
| The above named entilin the State of Florida.   | y submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE:  |                                    |                                    |  |  |
| Electronic Signature of Registered Agent  |                                    | ent                                | Date   |  |
| Election Campaign Financ  | ing Trust Fund Contribution ( ).   |                                    |  |  |
| OFFICERS AND DIRECTORS:   |                                    | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: D<br>Name: KERSHAW,  | ()Delete<br>THOMAS E               | Title:<br>Name:                    | ( ) Change ( ) Addition                      |  |

Address: 8156 LUCERNE STREET City-St-Zip: NAVARRE, FL 32566

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA S. REYNOLDS **CPA** 04/29/2005