ANNUAL REPORT

FILED 2005 FOR PROFIT CORPORATION May 23, 2005 8:00 am Secretary of State **DOCUMENT # P01000051701** 05-23-2005 90002 050 ***163.75 1. Entity Name MARY ANN'S HOME MAINTENANCE, INC. Principal Place of Business Mailing Address 101 SE 2ND AVE 101 SE 2ND AVE CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 05112005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1113254 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent . _{viro} Tee DO NOT WRITE VARNER, JAMES G 101 SE 2ND AVE. CAPE CORAL, FL 33990 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: Reclatered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE VARNER, JAMES G SR NAME STREET ADDRESS 101 SE 2ND AVE CAPE CORAL, FL. 33990 CITY-ST-7/P TITLE VARNER, MARYANN NAME STREET ADDRESS 101 SE 2ND AVE CITY-ST-ZIP CAPE CORAL, FL 33990 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS