

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90430 018 ***150.00

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| DOCUMENT # P01000054989 | | | | | |
| 1. Entity Name CENTRAL FLORIDA MAINTENANCE, INC. | | | | | |
| Principal Place of Business 1211 JAGUAR CT. WINTER SPRINGS, FL 32708 | | | Mailing Address PO BOX 195418 WINTER SPRINGS, FL 32719 | | |
| 2. Principal Place of Business 1200 Belle Ave Suite, Apt. #, etc. 101 | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Winter Springs, FL Zip 32708 | | | Country USA | | |
| 4. FEI Number 59-3725935 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent REVICZKY, JUSTIN C 1211 JAGUAR CT. WINTER SPRINGS, FL 32708 | | | 7. Name and Address of New Registered Agent Name: Reviczky, Justin C. Street Address (P.O. Box Number is Not Acceptable): 1200 Belle Ave City: Winter Springs FL Zip Code: 32708 | | |
| 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: Justin C Reviczky DATE: 4-29-04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP REVICZKY, JUSTIN C 1211 JAGUAR CT. WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Reviczky, Justin C 1200 Belle Ave. Winter Springs, FL 32708 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REVICZKY, GARY 1211 JAGUAR CT. WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Reviczky, Gary 1200 Belle Ave Winter Springs, FL 32708 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS REVICZKY, NANCY A 1211 JAGUAR CT. WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Reviczky, Nancy A 1200 Belle Ave Winter Springs, FL 32708 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REVICZKY, ALEXANDER C 1211 JAGUAR CT. WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Reviczky, Alexander C 1200 Belle Ave Winter Springs, FL 32708 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REVICZKY, JORDAN C 1211 JAGUAR CT. WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Reviczky, Jordan C 1200 Belle Ave Winter Springs, FL 32708 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Tokarz, Katrina S 1200 Belle Ave Winter Springs, FL 32708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: | | | 4-29-04 407-557-4009 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Justin C Reviczky | | | Date Daytime Phone # | | |