


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90311 004 ***150.00

DOCUMENT # P01000054989		
1. Entity Name CENTRAL FLORIDA MAINTENANCE, INC.		

Principal Place of Business 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708	Mailing Address 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708
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00036997

2. Principal Place of Business 747 Commerce Cir	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Longwood, FL	City & State
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Zip 32750	Country USA	Zip	Country
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04132005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3725935	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REVICZKY, JUSTIN C 1200 BELLE AVE #101 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) 747 Commerce Cir City Longwood FL Zip Code 32750	
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REVICZKY, JUSTIN C 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Reviczky, Justin C. 747 Commerce Cir Longwood, FL. 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REVICZKY, GARY 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rudez, Petar 747 Commerce Cir Longwood, FL. 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVICZKY, NANCY A 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVICZKY, ALEXANDER C 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REVICZKY, JORDAN C 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOKARZ, KATRINA S 1200 BELLE AVE #101 WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(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 Justin C. Reviczky **4/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #