

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90035 004 ***150.00

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01242006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000005192 1. Entity Name PROFESSIONAL PROPERTY MAINTENANCE, INC.																																					
Principal Place of Business 2102 NE 13TH PLACE CAPE CORAL, FL 33909			Mailing Address 2102 NE 13TH PLACE CAPE CORAL, FL 33909																																		
2. Principal Place of Business 40061 Little Farm Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 50729-0729 Suite, Apt. #, etc.																																			
City & State Punta Gorda, FL. Zip 33982		City & State Ft. Myers, FL. Zip 33994		4. FEI Number 04-3595595 Applied For <input type="checkbox"/> Not Applicable																																	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent DZIELAK, KEVIN 2102 NE 13TH PLACE CAPE CORAL, FL 33909			7. Name and Address of New Registered Agent Name <u>Kevin Dzielak</u> Street Address (P.O. Box Number is Not Acceptable) <u>40061 Little Farm Rd.</u> City <u>Punta Gorda</u> State <u>FL</u> Zip <u>33982</u>																																		
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 <u>[Signature]</u> DATE <u>1-25-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP DZIELAK, KEVIN 2102 NE 13TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DZIELAK, KEVIN 2102 NE 13TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP Dzielak, Kevin 40061 Little Farm Rd. Punta Gorda, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dzielak, Kevin 40061 Little Farm Rd. Punta Gorda, FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-25-06</u> Daytime Phone # <u>239-543-8845</u>																																		