

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000005272**

1. Entity Name  
PLANT CITY MAINTENANCE, INC.



Principal Place of Business  
2301 CLEMONS RD  
PLANT CITY, FL 33566

Mailing Address  
2301 CLEMONS RD  
PLANT CITY, FL 33566

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
44-3026194

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SMITH, CLAY  
2305 CLEMONS RD.  
PLANT CITY, FL 33566

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SMITH, CLAY
STREET ADDRESS	2301 CLEMONS RD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	V
NAME	SMITH, PATRICIA
STREET ADDRESS	2301 CLEMONS RD
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000297230  
04/11/05-80020-009 150.00

**DO NOT WRITE  
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:**

*Patricia A. Smith* Patricia A. Smith (vp) 4-11-05 813-752-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #