

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005848

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** MRS. MAIDS, INC.

**Current Principal Place of Business:**

5044 WILLOW LEAF WAY  
SARASOTA, FL 34241

**New Principal Place of Business:**

630 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

**Current Mailing Address:**

5044 WILLOW LEAF WAY  
SARASOTA, FL 34241

**New Mailing Address:**

P.O. BOX 5708  
SHREVEPORT, LA 71135

FEI Number: 01-0752775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RANDINELLI, MARI-LOUISE  
5044 WILLOW LEAF WAY  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

SOSS, MARC  
630 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

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.

SIGNATURE: MARC J. SOSS

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RANDINELLI, MARI-LOUISE  
Address: 5044 WILLOW LEAF WAY  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RANDINELLI, MARI-LOUISE  
Address: P.O. BOX 5708  
City-St-Zip: SHREVEPORT, LA 71135

Title: D ( ) Change (X) Addition  
Name: RANDINELLI, TODD J  
Address: P.O. BOX 5708  
City-St-Zip: SHREVEPORT, LA 71135

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARI-LOUISE RANDINELLI

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date