

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007197

FILED
Apr 05, 2005
Secretary of State

Entity Name: GUNNOE'S MAINTENANCE INC.

Current Principal Place of Business:

5230 SE MEADOW SPRINGS BLVD.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5230 SE MEADOW SPRINGS BLVD.
STUART, FL 34997

New Mailing Address:

FEI Number: 01-0588357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUNNOE, ALLEN
5230 SE MEADOW SPRINGS BLVD.
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUNNOE, ALLEN
Address: 5230 SE MEADOW SPRINGS BLVD.
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: GUNNOE, MELISA
Address: 5230 SE MEADOW SPRINGS BLVD.
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: GUNNOE, SKYLAR
Address: 5230 SE MEADOW SPRINGS BLVD.
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: GUNNOE, EASTON
Address: 5230 SE MEADOW SPRINGS BLVD.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLEN GUNNOE

PD

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date