

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000008267

1. Entity Name
G.A. PROPERTY MAINTENANCE, INC.



FILED

2006 OCT -3 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2136 OAKINGTON ST.
WINTER GARDEN, FL 34787

Mailing Address
2136 OAKINGTON ST.
WINTER GARDEN, FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09132006

Chg-P

CR2E034 (11/05)

4. FEI Number
33-0994811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARBOLEDA, GLORIA
2017 KNOLLCREST DR
CLERMONT, FL 34711

Name
ARBOLEDA GLORIA

Street Address (P.O. Box Number is Not Acceptable)

2136 OAKINGTON ST.

City
WINTER GARDEN

FL

Zip Code
34787

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]*

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

(NOTE: Registered Agent signature required when reinstating)

9/13/2006
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
ARBOLEDA, GLORIA
STREET ADDRESS
2017 KNOLL CREST DR
CITY-ST-ZIP
CLERMONT, FL 34711 ☐ Delete

TITLE
NAME
2136 OAKINGTON ST.
STREET ADDRESS
WINTER GARDEN, FL 34787 ☒ Change ☐ Addition

TITLE
NAME
SEC
HOYOS, CATALINA
STREET ADDRESS
2017 KNOLLCREST DR
CITY-ST-ZIP
CLERMONT, FL 34711 ☐ Delete

TITLE
NAME
2136 OAKINGTON ST.
STREET ADDRESS
WINTER GARDEN FL 34787 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/2006
Date

407-694-4480
Daytime Phone #

10/4/06