



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90014 020 ***150.00

DOCUMENT # P02000052226 1. Entity Name EXCEPTIONAL MAINTENANCE INC.					
Principal Place of Business 3326 HOOVER DRIVE HOLIDAY, FL 34691			Mailing Address 3326 HOOVER DRIVE HOLIDAY, FL 34691		
2. Principal Place of Business 754 EASTLAKE RD Suite, Apt. #, etc.		3. Mailing Address 754 EASTLAKE RD Suite, Apt. #, etc.			
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL		4. FEI Number 01-0679676	
Zip 34688		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZULEJKO, MARTA 3326 HOOVER DRIVE HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 754 EASTLAKE RD City TARPON SPRINGS FL Zip Code 34688		
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 <i>[Signature]</i> 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SZULEJKO, MARTA 3326 HOOVER DRIVE HOLIDAY, FL 34691 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 754 EASTLAKE RD TARPON SPRINGS, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT DLUGOLECKI, JANUSZ 3326 HOOVER DRIVE HOLIDAY, FL 34691 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 754 EASTLAKE RD TARPON SPRINGS, FL 34688	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/05 1727/2248619 <small>Date Daytime Phone #</small>		