


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000057110	
1. Entity Name C&M PROPERTY MAINTENANCE, INC.	

Principal Place of Business 3335 SR 546 HAINES CITY, FL 33845	Mailing Address POST OFFICE BOX 727 HAINES CITY, FL 33845
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3679947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PIERCE, CONSTANCE L 3335 KOKOMO ROAD HAINES CITY, FL 33844	
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	U000000182479 01/19/05-80029-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PIERCE, CONSTANCE L POST OFFICE BOX 727 HAINES CITY, FL 33845
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PIERCE, MICHAEL D POST OFFICE BOX 727 HAINES CITY, FL 33845
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <u>Constance L. Pierce Sec/Treas.</u> CONSTANCE L. PIERCE	Date: <u>1/13/05</u>	Daytime Phone #: <u>863-439-4373</u>
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