

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90050 022 \*\*\*150.00

**DOCUMENT # P02000061872**

1. Entity Name  
**JENPAR MAINTENANCE, INC.**



Principal Place of Business  
**10901 MOHAWK ROAD  
ST. PETERSBURG, FL 33708**

Mailing Address  
**10901 MOHAWK ROAD  
ST. PETERSBURG, FL 33708**

**94026779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

01-0721284

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JENKINS, HOWARD  
4800 OAKLAWN LANE  
ST. PETERSBURG, FL 33708**

Name **Graham Parsons**

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

**10901 Mohawk Rd**

City **St Petersburg**

**FL**

Zip Code **33708**

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

**GRAHAM PARSONS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

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	D JENKINS, HOWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4800 OAKLAWN LANE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE NAME	D PARSONS, GRAHAM	<input type="checkbox"/> Delete
STREET ADDRESS	10901 MOHAWK ROAD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

**GRAHAM PARSONS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-04**

Date

**727-687-8819**

Daytime Phone #