

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90075 004 ***150.00

DOCUMENT # P02000067521

1. Entity Name
FIRST ONE MAINTENANCE SERVICES, INC.

Principal Place of Business
**12701 S. JOHN YONG PARKWAY
SUITE 207
ORLANDO, FL 32837**

Mailing Address
**12701 S. JOHN YONG PARKWAY
SUITE 207
ORLANDO, FL 32837**

2. Principal Place of Business
12701 S. John Yong Phwy

3. Mailing Address
12701 S. John Yong Phwy

City & State
Orlando FL

Zip
32837

Country
USA



03082004 Chg-P CR2E034 (10/03)

4. FEI Number
47-0872285

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**J.A.O. SERVICES INC.
7802 KINGSPONTE PARKWAY
SUITE 207-B
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent
Name
Marcos Piccone
Street Address (P.O. Box Number is Not Acceptable)
10513 Demilo Place #203
City
Orlando FL Zip Code
32836

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]** (NOTE: Registered Agent signature required when reinstating) **03-10-04** 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICCONE, MARCOS 10513 DEMILO PLACE ORLANDO, FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: **[Signature]** **03-10-04** **(407) 8500558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)