
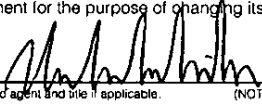
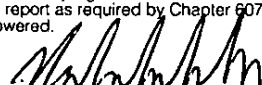


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90021 003 ***158.75

DOCUMENT # P02000087269 1. Entity Name NORTH FLORIDA SERVICE & MAINTENANCE CORPORATION					
Principal Place of Business ROUTE 17 BOX 1640 LAKE CITY, FL 32055			Mailing Address P.O. BOX 2127 LAKE CITY, FL 32056 US		
2. Principal Place of Business 174 NW Venice Glen		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lake City, FL		City & State 			
Zip 32055		Country USA		Zip 	
Country 		4. FEI Number 33-1018604			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURBEVILLE, ROBERT W ROUTE 17 BOX 1640 LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Robert W Turbeville Street Address (P.O. Box Number is Not Acceptable) 174 NW Venice Glen City Lake City FL Zip Code 32055		
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  DATE 1/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PD BOX, CLAYTON ROUTE 17 BOX 1640 LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD TURBEVILLE, ROBERT ROUTE 17 BOX 1640 LAKE CITY, FL 32055	<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			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 		1/12/05 \$ 386-961-2595			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

40003330



01112005 Chg-P CR2E034 (10/03)