2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 08:00 AM **DOCUMENT # P02000093985 Secretary of State** 1. Entity Name JADĆO MAINTENANCE, INC. Principal Place of Business Mailing Address 4940 N.W. 58TH AVENUE 4940 N.W. 58TH AVENUE CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 01262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0797947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DETRICK, JAMES A DO NOT WRITE 4940 N.W. 58TH AVENUE CORAL SPRINGS, FL 33067 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 re ST Jama A. Detrick 02/09/04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ΠŒ DETRICK, JAMES A NAME 4940 N.W. 58TH AVENUE STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP U00000046963 02/12/04-80021-016 158.75 STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 cath, 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/04

305. 786.5468

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