## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Jan 27, 2005 08:00 AM Secretary of State **DOCUMENT # P02000093985** 1. Entity Name JADCO MAINTENANCE, INC. Mailing Address Principal Place of Business 4940 N.W. 58TH AVENUE 4940 N.W. 58TH AVENUE CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 01052005 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 5. 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DETRICK, JAMES A NAME STREET ADDRESS 4940 N.W. 58TH AVENUE U00000198754 01/27/05-80063-017 150.00 CORAL SPRINGS, FL 33067 CITY-ST-7/P TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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