

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099875

FILED
Mar 10, 2005
Secretary of State

Entity Name: UTILITIES MAINTENANCE SERVICES, INC.

Current Principal Place of Business:

11266 W HILLSBOROUGH AVE
#318
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

11266 W HILLSBOROUGH AVE
#318
TAMPA, FL 33635

New Mailing Address:

FEI Number: 76-0714595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERINO, MIKE
6706 COMMODORE WAY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

MERINO, MIKE
5616 CRESTHILL DR
TAMPA, FL 33615 US

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.

SIGNATURE: MIKE MERINO

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MERINO, MIKE
Address: 6706 COMMODORE WAY
City-St-Zip: TAMPA, FL 33615

Title: DVT () Delete
Name: DAVENPORT, JAMES
Address: 6706 COMMODORE WAY
City-St-Zip: TAMPA, FL 33615

Title: T (X) Delete
Name: MERINO, MIKE
Address: 11266 W. HILLSBOROUGH AVE., SUITE 318
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MERINO, MIKE
Address: 5616 CRESTHILL DR
City-St-Zip: TAMPA, FL 33615

Title: T (X) Change () Addition
Name: MERINO, MIKE
Address: 5616 CRESTHILL DR
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MERINO

DPS

03/10/2005

Electronic Signature of Signing Officer or Director

Date