

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109138

FILED
Apr 08, 2004
Secretary of State

Entity Name: THE MAINTENANCE MEDICS, INC.

Current Principal Place of Business:

5022 KNIGSMESADOW LN
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

5022 KNIGSMESADOW LN
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 16-1633655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD SUITE 2
JACKSONVILLE, FL 322577 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HADZIC, ALMIR
Address: 5022 KNIGSMESADOW LN
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: DAMES, JAMES
Address: P.O. BOX 24668
City-St-Zip: JACKSONVILLE, FL 32241

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: ALMIR HADZIC

P

04/08/2004

Electronic Signature of Signing Officer or Director

Date