

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118339

FILED
Apr 25, 2005
Secretary of State

Entity Name: C AND P MAINTENANCE & SERVICES, INC.

Current Principal Place of Business:

3006 CROSBY LANE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3006 CROSBY LANE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 14-1855883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEIDE, MOSES JR.
3006 CROSBY LANE
JACKSONVILLE, FL 32216 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: COREY, CATHERINE L
Address: 3006 CROSBY LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: ALEXANDER, DAVID W
Address: 13115 GILLESPIE AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: COREY, SUSAN A
Address: 5201 ATLANTIC BLVD. #96
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: HUNT, MARTHA C
Address: 307 BROOKS CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CATHERINE LYNN COREY

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date