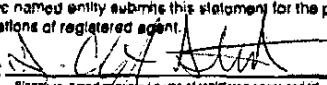
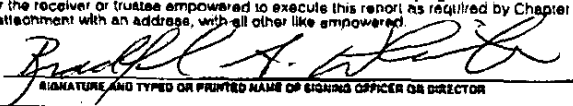


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90313 012 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000005129			
1. Entity Name MAINTENANCE SERVICES OF AMERICA INC.			
Principal Place of Business 28870 US HWY 19 N. CLEARWATER, FL 33781 US		Mailing Address 28870 US HWY 19 N. CLEARWATER, FL 33761 US	
2. Principal Place of Business 1725 Bridlewalk Ct Suite, Apt. #, etc.		3. Mailing Address 1725 Bridlewalk Ct Suite, Apt. #, etc.	
City & State Gotha, FL		City & State Gotha, FL	
Zip 34734 Country USA		Zip 34734 Country USA	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILES, MELISSA 14502 N DALE MABRY HWY 200 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Staats, Clay S. Street Address (P.O. Box Number is Not Acceptable) 1725 Bridlewalk Ct City Gotha FL Zip Code 34734	
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 registered agent. SIGNATURE  DATE 4/25/04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, BRADFORD 1725 BRIDLE WALK CT. GOTHA, FL 34734 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Staats, Clay S. 1725 Bridlewalk Ct Gotha, FL 34734 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GILES, MELISSA 833 CHRISTINA CIRCLE OLDSMAR, FL 34677 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-25-04 (907) 595-1452 Daytime Phone #	