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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	Mailing Address
28870 US HWY 19 N. CLEARWATER, FL 33761 US	28870 US HWY 19 N. CLEARWATER, FL 33761 US

01172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1725 Bridlewalk Ct	1725 Bridlewalk Ct
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
GILES, MELISSA 14502 N DALE MABRY HWY 200 TAMPA, FL 33618	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: [signature] 4/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] 4-25-04 (407)595-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #