2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000013131

1. Entity Name

EXCLUSIVE PROPERTY MAINTENANCE COMPANY



FILED Apr 12, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

20 REDWOOD TRACK COURSE OCALA, FL 34472 US

20 REDWOOD TRACK COURSE OCALA, FL 34472 US



04092006

No Cha-P

CR2E034 (11/05)

4. FEI Number 48-1300910 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLSPERMANN, CARL W 1111 NE 25TH AVE OCALA, FL 34472

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	named entity submits this statement for the plices of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirements)				s required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution. Added to Fees			truorei504193 04/26/06 80062-007 150.00	
10.	OFFICERS AND DIREC	CTORS				
HILL NAME STREET ADDRESS CHY-ST-ZIP	SPVT LOCHRIE, STEVE 20 REDWOOD TRACK COURSE OCALA, FL 34472					
TIPLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			3			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attactment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS
CITY-ST-JIP

STRUE COURTE

4/9/06

(352) 427 5636