

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000013131-			
1. Entity Name EXCLUSIVE PROPERTY MAINTENANCE COMPANY			
Principal Place of Business 20 REDWOOD TRACK COURSE OCALA, FL 34472 US		Mailing Address 20 REDWOOD TRACK COURSE OCALA, FL 34472 US	
DO NOT WRITE IN THIS SPACE			
		04232008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 48-1300910	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLSPERMANN, CARL W 1111 NE 25TH AVE OCALA, FL 34472		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000919916 05/14/08-80023-009-150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SPVT LOCHRIE, STEVE 20 REDWOOD TRACK COURSE OCALA, FL 34472	
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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 attachment with an address, with all other like empowered.			
SIGNATURE: _____		4/23/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	