


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90006 007 ***158.75

DOCUMENT # P03000054451					
1. Entity Name EURO MAINTENANCE CORP.					
Principal Place of Business P. O. BOX 1251 NOKOMIS, FL 34274 <i>3102 Regatta Cir</i>			Mailing Address P. O. BOX 1251 NOKOMIS, FL 34274 <i>3102 Regatta Cir. Sarasota</i>		
2. Principal Place of Business			3. Mailing Address <i>FL 34231</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Sarasota FL</i>			City & State		
Zip <i>34231</i>		Country <i>U.S.A.</i>		Zip -- --	
				Country --	
6. Name and Address of Current Registered Agent HAVLASEK, JIRI- 3112 CHASE CIR. SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAVLASEK, JIRI		NAME		
STREET ADDRESS	3112 CHASE CIR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAVLASEK JIRI		NAME		
STREET ADDRESS	3102 REGATTA CIR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL. 34231		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			08.21.06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		