## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: JIRI HAVLASEK

## Jul 12, 2007 8:00 am **Secretary of State DOCUMENT # P03000054451** 1. Entity Name 07-12-2007 90058 028 \*\*\*150.00 EURO MAINTENANCE CORP. Principal Place of Business Mailing Address 3102 REGATTA CIR 3102 REGATTA CIR SARASOTA FL 34231 SARASOTA FL 34231 3. Mailing Address 3809 Kingston Blud. Suite Apt. #, etc. 2. Principal Place of Business - No PO. Box # 3809 Kingston Blud. 2nd MOORE CR2E034 (4/07) City & State Sarasota Fl, 4. FEI Number Applied For 20-0028445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HAVLASEK, JIRI 3112 CHASE CIR. SARASOTA FL 34231 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 6. 17. 2007 Ved agent and tire it applicable INOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete MILE Change Addition HAVLASEK, JIRI NAME STREET ADDRESS 3102 REGATTA CIR STREET ADDRESS SARAGOTA FL 34231 CITY-ST-ZIP CITY - ST - ZIP TULE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 suppliemental 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.

FILED

6.17.2007 341-9259537