

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

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90058 028 \*\*\*150.00



**DOCUMENT # P03000054451**

1. Entity Name

EURO MAINTENANCE CORP.

Principal Place of Business

3102 REGATTA CIR  
 SARASOTA FL 34231

Mailing Address

3102 REGATTA CIR  
 SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box #

3809 Kingston Blvd.  
 Suite, Apt. #, etc.

3. Mailing Address

3809 Kingston Blvd.  
 Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

Sarasota Fl.

City & State

Sarasota Fl.

4. FEI Number

20-0028445

Applied For

Not Applicable

Zip

34238

Country

Zip

34238

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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 *Havlasek Jiri*

Street Address (P.O. Box Number is Not Acceptable)

3809 Kingston Blvd.

City *Sarasota*

FL

Zip Code

34238

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

*Jiri Havlasek*

6.17.2007

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAVLASEK, JIRI	
STREET ADDRESS	3102 REGATTA CIR	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

JIRI HAVLASEK

*Jiri Havlasek*

6.17.2007

341-9259537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

License Prefix #