

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

pg 1 of 2

DOCUMENT # P03000054451		
1. Entity Name EURO MAINTENANCE CORP.		

Principal Place of Business 3809 KINGTON BLVD SARASOTA FL 34238	Mailing Address 3809 KINGTON BLVD SARASOTA FL 34238
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2. Principal Place of Business - No P.O. Box # 1731 WHARF Rd.	3. Mailing Address Po. box 1251
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota FL	City & State Nokomis FL
Zip 34231	Zip 34274
Country U.S.A	Country U.S.A

FILED

08 NOV 20 PM 1:04



REINSTATEMENT 08
1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent HAVLASEK, JIRI 3809 KINGTON BLVD SARASOTA FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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* DATE 10.30.2008

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVLASEK, JIRI 3102 REGATTA CIR SARASOTA FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* 10.30.2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.30.2008 7082
Sarasota FL.

To Florida Department of state
Division of corporation

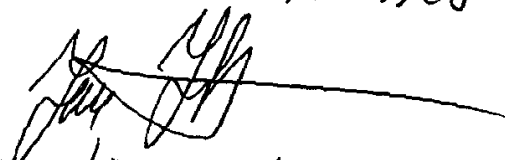
From: Euro maintenance corp.: PO. BOX 1251
owner: Jiri Haulasck
NOKOMIS FL 34275

I am very sorry that, you will get my paper
work so late.

Please don't charge me \$550.- and accept
Please the fee of \$150.-

I have this year very bad financially
situation, because my wife is very
sick (cancer) and with this all other
issues related.

Thank you for your understanding
and kindness.



P.S. My adres was two times change: