


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90529 042 \*\*\*158.75

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P03000063167</b><br>1. Entity Name<br><b>MANAGED MAINTENANCE, INC. OF SW FLORIDA</b>  |   |   |   |                           |  |
| Principal Place of Business<br><b>988 HUNT COURT<br/>MARCO ISLAND, FL 34145 US</b>  |   |   | Mailing Address<br><b>11925 COLLIER BLVD.<br/>#201<br/>NAPLES, FL 34116-6543 US</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   | 4. FEI Number<br><b>45-0517321</b>   |  |
| Zip   |   | Country   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |   |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>KRAMER, WILLIAM D<br/>11925 COLLIER BLVD.<br/>#201<br/>NAPLES, FL 34116-6543</b>   |   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |
|   |   |   |   | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>HOLLOWAY, ROBERT B<br/>988 HUNT COURT<br/>MARCO ISLAND, FL 34145</b> | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>HOLLOWAY, BRADLEY B<br/>4818 TAHITI LANE<br/>NAPLES, FL 34112</b>   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>HOLLOWAY, CHRISTOPHER P<br/>1270 15TH ST SW<br/>NAPLES, FL 34117</b> | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>KRAMER, WILLIAM<br/>P.O. Box 990039<br/>NAPLES, FL 34116-6060</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <i>William D. Kramer</i>  |   | <b>APR 30 2005</b>  |   | <b>239-348-0272</b>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date</small>   |   | <small>Daytime Phone #</small>   |  |

**50045973**



01072005 Chg-P CR2E034 (10/03)