## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000091729  1. Entity Name BAB MAINTENANCE, INC.						05-03-2004	_		00	
Principal Place	e of Business	Mailing Address								
			14476 DUVAL PLACE, WEST							
JACKSONVILLE, FL 32218		202 Jacksonville, FL 32	JACKSONVILLE, FL 32218		i isanasi ili al	PIETO MINI ESINI BANKI BSI			IRDI II IBRI	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04302004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Number	69469	40		plied For Applicable		
Zip	Country Zip Co		Coun	itry	5. Certificate of Status Desired See Required				itional	
	6. Name and Address of Curre		7. Name and Address of New Registered Agent							
ADAMS, MICHEALYN C				Name						
1112 THIRD STREET				Street Address (P.O. Box Number is Not Acceptable)						
1 '	BEACH, FL US									
				City	FL Zip Code					
	named entity submits this statemen tions of registered agent.	t for the purpose of changing it	ts register	ed office or register	red agent, or both	, in the State of FI	orida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title it applicable. (NC	TE; Registere	d Agent signature required	d when reinstating)		DATE	<del></del>	· <del></del>	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Camp Trust Fund Con			.00 May Be ded to Fees					
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND			
TITLE	l <b>–</b>									
NAME	P CAUDILL ROY I	☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS	P CAUDILL, ROY J 301 JACKSON STREET	☐ Delete	NAM					☐ Change	Addition	
t	CAUDILL, ROY J		NAM STRE	IE	····		, <u>, , , , , , , , , , , , , , , , , , </u>			
STREET ADDRESS CITY-ST-ZIP TITLE	CAUDILL, ROY J 301 JACKSON STREET	☐ Delete	NAM STRE CITY TITLI	EET ADDRESS '-ST-ZIP			, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	CAUDILL, ROY J 301 JACKSON STREET		NAM STRE CITY TITLI NAM	EET ADDRESS '-ST-ZIP			, <u>, , , , , , , , , , , , , , , , , , </u>			
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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:

SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

904-247-832

Daytime Phone