


**2005 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000108552 1. Entity Name DON'S HOME MAINTENANCE, INC.	
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Principal Place of Business 680 SHREWSBURY ROAD MARY ESTER, FL 32569	Mailing Address 680 SHREWSBURY ROAD MARY ESTER, FL 32569
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02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0408854	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HICKOK, DONALD E 680 SHREWSBURY ROAD MARY ESTER, FL 32569
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100000234427
02/18/05-80019-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HICKOK, DONALD E 680 SHREWSBURY ROAD MARY ESTER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HICKOK, LYNDIA E 680 SHREWSBURY ROAD MARY ESTER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HICKOK, LYNDIA E 680 SHREWSBURY ROAD MARY ESTER, FL 32569
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Donald E Hickok Feb 15 05 850 2434662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone