2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000108552

1. Entity Name

DON'S HOME MAINTENANCE, INC.



FILED Feb 16, 2006 08:00 AM Secretary of State

Principal Place of Business

680 SHREWSBURY ROAD MARY ESTER, FL 32569 Mailing Address

680 SHREWSBURY ROAD MARY ESTER, FL 32569



01312006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0408854 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKOK, DONALD E 680 SHREWSBURY ROAD MARY ESTER, FL 32569

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		}			
	named entity submits this statement for the poons of registered agent.	urpose of changing its registered of	ice or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	t emilicable (NOTE: Registered Agen	t sionatire	required when roinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKOK, DONALD E 680 SHREWSBURY ROAD MARY ESTER, FL 32569				U00000435?59
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HICKOK, LYNDA E 680 SHREWSBURY ROAD MARY ESTER, FL 32569				02/27706-80004-024 150.90
TITLE HAME STREET AOURESS CITY-ST-ZIP	TD HICKOK, LYNDA E 680 SHREWSBURY ROAD MARY ESTER, FL 32569		DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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: .

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Donald & Hickork

Feb 13 2006 850 243 4667