


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90290 019 ***150.00

DOCUMENT # P03000118983 1. Entity Name MICHAEL SHIREY PROPERTY MAINTENANCE, INC.					
Principal Place of Business 1431 SE 15TH STREET CAPE CORAL, FL 33990			Mailing Address 1431 SE 15TH STREET CAPE CORAL, FL 33990		
2. Principal Place of Business 5308 SW 8TH PL Suite, Apt. #, etc.		3. Mailing Address 5308 SW 8TH PL Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 20-0331264	
Zip 33914		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIREY, MICHAEL S 1431 SE 15TH STREET CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name SHIREY, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 5308 SW 8TH PL City CAPE CORAL FL Zip Code 33914	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SHIREY, MICHAEL S 1431 SE 15TH STREET CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIREY, MICHAEL S 5308 SW 8TH PL CAPE CORAL FL 33914	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input type="checkbox"/> Delete SHIREY, MICHAEL S 1431 SE 15TH STREET CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIREY, MICHAEL S 5308 SW 8TH PL CAPE CORAL FL 33914	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <i>Michael S Shirey</i> MICHAEL S SHIREY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date April 8 04 Daytime Phone # (239) 770-4108		