


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90026 018 ***150.00

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| DOCUMENT # P03000151156 |  |
| 1. Entity Name P. C. HOME MAINTENANCE, INC. | |

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| Principal Place of Business 6 DALLYON ST ST AUGUSTINE, FL 32080 | Mailing Address 6 DALLYON ST ST AUGUSTINE, FL 32080 |
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| 2. Principal Place of Business 6 DALLYON ST Suite, Apt. #, etc. | 3. Mailing Address 6 DALLYON ST Suite, Apt. #, etc. |
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| City & State FLA. ST AUGUSTINE | City & State ST AUG. FLA |
| Zip 32080 | Country ST. VOKNS |
| Zip 32080 | Country ST. VOKNS |

94041083



03152004 Chg-P CR2E034 (10/03)

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| 8. Name and Address of Current Registered Agent CROFOOT, PATRICK W 6 DALLYON ST ST AUGUSTINE, FL 32080 | |
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| 4. FEI Number 13-4270590 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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: <u>Patrick Crofoot</u> | DATE: <u>3/29/2004</u> |
| (NOTE: Registered Agent signature required when reappointing) | |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROFOOT, PATRICK W 6 DALLYON ST ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Patrick Crofoot</u> | DATE: <u>3-29-04</u> <u>8144037</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |