

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90048 004 ***150.00

DOCUMENT # P03000151156

1. Entity Name

P.C. HOME MAINTENANCE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6 DALLYON STREET	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State ST AUGUSTINE, FL	City & State		
Zip 32080-3809	Country ST JOHNS	Zip	Country
<p>DO NOT WRITE IN THIS SPACE</p>			
<p>DO NOT WRITE IN THIS SPACE</p>			
4. FEI Number 13-4270590	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
<p>7. Name and Address of Current Registered Agent</p> <p>Name CROFOOT, PATRICK W.</p> <p>Street Address (P.O. Box Number is Not Acceptable) 6 DALLYON STREET</p>			
City ST AUGUSTINE		FL	Zip Code 32080

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

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

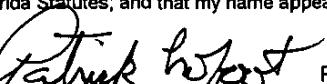
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFOOT, PATRICK W. 6 DALLYON STREET ST AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
<p>DO NOT WRITE IN THIS SPACE</p>		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  PATRICK W. CROFOOT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06

Date

904 814-4037

Daytime Phone #