

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 14, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 13-4270590 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------|
| 7. Name and Address of Current Registered Agent | |
| Name CROFOOT, PATRICK W. | |
| Street Address (P.O. Box Number is Not Acceptable) 6 DALLYON STREET | |
| City ST. AUGUSTINE | State 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** _____

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 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 | U00000665145 03/23/07-80016-003 150.00 |
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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 on an attachment with an address, with all other like empowered.

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|---|---------------------------|---------------|------------------------|
| SIGNATURE:  | PATRICK W. CROFOOT | 3-8-07 | 904 814-4037 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |