


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90094 028 ***150.00

DOCUMENT # P04000020702	
1. Entity Name VILLAGE MAINTENANCE, INC.	

Principal Place of Business 2526 ALBANY DRIVE KISSIMMEE, FL 34758	Mailing Address 2526 ALBANY DRIVE KISSIMMEE, FL 34758
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2. Principal Place of Business 4983 BROOK ROAD Suite, Apt. #, etc.	3. Mailing Address 4983 BROOK ROAD Suite, Apt. #, etc.
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City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34758	Country



03202005 Chg-P CR2E034 (10/03)

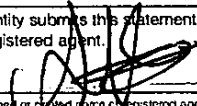
4. FEI Number 20-0669410	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAWKSWORTH, ALAN 2526 ALBANY DRIVE KISSIMMEE, FL 34758	
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7. Name and Address of New Registered Agent Name ALAN HAWKSWORTH Street Address (P.O. Box Number is Not Acceptable) 4983 BROOK ROAD City KISSIMMEE FL Zip Code 34758	
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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:  (NOTE: Registered Agent signature required when reappointing) DATE: **03/25/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DPT HAWKSWORTH, ALAN 2526 ALBANY DRIVE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ALAN HAWKSWORTH 4983 BROOK ROAD KISSIMMEE FL 34758 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BENNETT, DANIEL G 431 PENN AVENUE ST CLOUD, FL 34769 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  DATE: **03/25/05** Daytime Phone #