

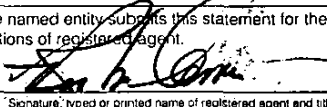
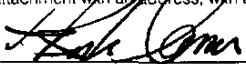


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90125 012 \*\*\*150.00

<b>DOCUMENT # P04000035247</b> 1. Entity Name <b>ALEMAN'S MAINTENANCE, INC.</b>					
Principal Place of Business <b>801 FARRING DR DELTONA, FL 32725</b>			Mailing Address <b>801 FARRING DR DELTONA, FL 32725</b>		
2. Principal Place of Business <b>801 FARRINGTON DR.</b>		3. Mailing Address <b>801 FARRINGTON DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032005    Chg-P    CR2E034 (10/03)	
City & State <b>DELTONA FL</b>		City & State <b>DELTONA FL</b>		4. FEI Number <b>20-0885913</b>	
Zip <b>32725</b>		Country		Applied For Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ALEMAN, RUBEN 801 FARRING DR DELTONA, FL 32725</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>801 FARRINGTON DR</b>  City <b>DELTONA</b> <b>FL</b> Zip Code <b>32725</b>		
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:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEMAN, RUBEN 801 FARRING DR DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALEMAN, MAGALY 801 FARRING DR DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>4/5/05</b> Daytime Phone #: <b>386-574-8044</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					