FILED
May 13, 2005 8:00 am
Secretary of State

04-13-2005 90055 011 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000056964

1. Entity Name
TOM'S PROFESSIONAL MAINTENANCE, INC.

Principal Place of Business
3824 ADAMS ST
HOLLYWOOD, FL 33021

Mailing Address
3824 ADAMS ST
HOLLYWOOD, FL 33021

66016837

02282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
250 Layne Boulevard	250 Layne Boulevard
Suite, Apt. #, etc. 111	Suite, Apt. #, etc. 111
City & State Hallandale, Florida	City & State Hallandale, Florida
Zip 33009 / Country	Zip 33009 / Country

4. FEI Number 20-1050384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDO, TOM
250 LAYNE BLVD UNIT 111
HALLANDALE BCH, FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GORDO, TOM		NAME		
STREET ADDRESS	250 LAYNE BLVD UNIT 111		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BCH, FL 33009		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Tom Gordo Tom Gordo 4/7/05 954-445-1269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #