

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2005-90098-020-\$150.00-\$150.00

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|---|---|---|---|
| DOCUMENT # P04000079014 1. Entity Name FLORIDA FLOOR MAINTENANCE INC. | | | |
| Principal Place of Business 9664 8TH STREET NORTH NAPLES, FL 34108 | | Mailing Address 9664 8TH STREET NORTH NAPLES, FL 34108 | |
| 2. Principal Place of Business 7502 San Gabriel Ln | | 3. Mailing Address 7502 San Gabriel Ln | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Naples | | City & State Naples, FL | |
| Zip 34109 | | Zip 34108 | |
| Country USA | | Country USA | |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CULAK, MIROSLAV 9664 8TH STREET NORTH NAPLES, FL 34108 | | 7. Name and Address of New Registered Agent Name Peter Schmuck Street Address (P.O. Box Number is Not Acceptable) 7502 San Gabriel Lane City Naples 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: <small>Signature, typed or printed name of registered agent and use if applicable</small> | | (NOTE: Registered Agent signature required when renewing) DATE: 4-26-05 | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CULAK, MIROSLAV 9664 8TH STREET NORTH NAPLES, FL 34108 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Peter Schmuck 7502 San Gabriel Lane Naples, FL 34109 |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE: 4-26-05 <small>Daytime Phone #</small> | |

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