

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080205

1. Entity Name
BALEEKO PROPERTY MAINTENANCE, INC.



FILED

05 FEB 16 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
39712 MEADOWOOD LOOP
ZEPHYRHILLS, FL 33542

Mailing Address
39712 MEADOWOOD LOOP
ZEPHYRHILLS, FL 33542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005

Chg-P

CR2E034 (10/03)

FBI Number

20-1161047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOMMERS, THERESA
5316 8TH ST
ZEPHYRHILLS, FL 33542

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

Theresa Sommers / *Theresa Sommers*

2/3/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D LAY, VALENTIN VELAZQUEZ ☐ Delete
39712 MEADOWOOD LOOP
ZEPHYRHILLS, FL 33542

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100047508641
03/01/05--01053--015 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D VELAZQUEZ, MARGARITA ☐ Delete
39712 MEADOWOOD LOOP
ZEPHYRHILLS, FL 33542

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Valentin Velazquez Lay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05

Date

Daytime Phone #

Valentin Velazquez Lay

813-779-0097