


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90099 004 \*\*\*150.00

<b>DOCUMENT # P04000141151</b> 1. Entity Name <b>TWO GOOD MEN MAINTENANCE CARE, INC.</b>																																																																																																																																			
Principal Place of Business <b>4756 WALDEN CR APT #626 ORLANDO, FL 32811</b>			Mailing Address <b>4756 WALDEN CR APT #626 ORLANDO, FL 32811</b>																																																																																																																																
2. Principal Place of Business <b>5987 LEE VISTA BLVD</b>		3. Mailing Address <b>5987 LEE VISTA BLVD</b>																																																																																																																																	
Suite, Apt. #, etc. <b># 202</b>		Suite, Apt. #, etc. <b># 202</b>																																																																																																																																	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>																																																																																																																																	
Zip <b>32822</b>		Country <b>USA</b>		4. FEI Number <b>20-1738598</b>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent <b>SIGIANI, ELIO M 4756 WALDEN CR APT #626 ORLANDO, FL 32811</b>				7. Name and Address of New Registered Agent Name <b>SIGIANI, ELIO M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5987 LEE VISTA BLVD #202</b> City <b>ORLANDO</b> FL Zip Code <b>32822</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:  <b>02/28/2006</b> DATE																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DP SIGIANI, ELIO M</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DP SIGIANI, ELIO M</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SIGIANI, ELIO M</td> <td></td> <td>NAME</td> <td>SIGIANI, ELIO M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4756 WALDEN CR APT #626</td> <td></td> <td>STREET ADDRESS</td> <td>5987 LEE VISTA BLVD #202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32811</td> <td></td> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32822</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV PEREIRA, LUCIANO</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>DV PEREIRA, LUCIANO</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PEREIRA, LUCIANO</td> <td></td> <td>NAME</td> <td>PEREIRA, LUCIANO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4756 WALDEN CR APT #626</td> <td></td> <td>STREET ADDRESS</td> <td>5987 LEE VISTA BLVD #105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32811</td> <td></td> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32822</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DP SIGIANI, ELIO M	<input type="checkbox"/> Delete	TITLE	DP SIGIANI, ELIO M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SIGIANI, ELIO M		NAME	SIGIANI, ELIO M		STREET ADDRESS	4756 WALDEN CR APT #626		STREET ADDRESS	5987 LEE VISTA BLVD #202		CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	Orlando, FL 32822		TITLE	DV PEREIRA, LUCIANO	<input type="checkbox"/> Delete	TITLE	DV PEREIRA, LUCIANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PEREIRA, LUCIANO		NAME	PEREIRA, LUCIANO		STREET ADDRESS	4756 WALDEN CR APT #626		STREET ADDRESS	5987 LEE VISTA BLVD #105		CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	Orlando, FL 32822		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, or all other like empowered.																																																																																																																																			
SIGNATURE: 			<b>02/28/2006</b> (321) 6634106																																																																																																																																
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																																																																																