2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005
Secretary of State

DOCUMENT# P04000152208

Entity Name: NORTHEAST FLORIDA MAINTENANCE, INC.

Current Principal Place of Business:

620 S. WALNUT STREET
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

620 S. WALNUT STREET
STARKE, FL 32091

New Mailing Address:

1403 CALL STREET
STARKE, FL 32091

FEI Number: 20-3279779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R ESQ.
6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

HUSEMAN, WILLIAM R ESQ.
3733 UNIVERSITY BLVD WEST
SUITE 210-B
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: WILLIAM R HUSEMAN 08/10/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARTER, PATRICIA
Address: 620 S. WALNUT STREET
City-St-Zip: STARKE, FL 32091

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: AZOR, PATRICIA
Address: 620 S. WALNUT STREET
City-St-Zip: STARKE, FL 32091

Title: VPS ( ) Change (X) Addition
Name: AZOR, PATRICL
Address: 620 S. WALNUT STREET
City-St-Zip: STARK, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA AZOR PT 08/10/2005
Electronic Signature of Signing Officer or Director Date