## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000165773

Name:

Address:

City-St-Zip:

Entity Name: NEW LITE PROPERTY MAINTENANCE, INC

FILED Apr 22, 2005 Secretary of State

Entity Name: N	IEVV LITE	PROPERTY MAINTENANC	E, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
5241 HAWKES BLUTT AVENUE DAVIE, FL 33331 US				5241 HAWKES BLUFF AVENUE DAVIE, FL 33331 US			
Current Mailing Address:				New Mailing Address:			
5241 HAWKES BLUTT AVENUE DAVIE, FL 33331 US				5241 HAWKES BLUFF AVENUE DAVIE, FL 33331 US			
FEI Number: 20-198	35042	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GASS, DANIEL ( 10001 N.W. 50TI 204 SUNRISE, FL 33	H STREE	Т					
The above name in the State of Flo		ubmits this statement for the	purpose of	changing i	ts registered	office or registered agent, or both,	
SIGNATURE:							
_	Electroni	Signature of Registered Ag	jent			Date	
Election Campaign	Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	NEWLAND, C	( ) Change (X) Addition GREGORY A MR ES BLUFF AVENUE 3331 US	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	FREESTON I 5042 S.W. 88	( ) Change (X) Addition I, WAYNE L MR 8 TERRACE IY, FL 33328 US	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	FREESTON, 5042 S.W. 88		
Title:	( )	Delete		Title:	SEC	( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GREGORY A. NEWLAND PRES 04/22/2005

NEWLAND, SHANNON MRS

DAVIE, FL 33331 US

5241 HAWKES BLUFF AVENUE