

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90038 049 ***150.00

DOCUMENT # P04000165822 1. Entity Name GADGET MAINTENANCE, INC					
Principal Place of Business 4225 SW XENON ST PORT ST LUCIE, FL 34953 US				Mailing Address 4225 SW XENON ST PORT ST LUCIE, FL 34953 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
METHOT, RONALD 4245 SW XENON ST PORT ST LUCIE, FL 34953				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 METHOT, RONALD 4225 SW XENON ST PORT ST LUCIE, FL 34953		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			7-13-05 954-325-6410		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT
50056052
Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

July 7, 2005

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Gadget Maintenance, Inc.
Form/Period: Annual Report - 2005
Document Number: P04000165822

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the Annual Business Report.

The taxpayer did not receive the form via US Mail. I respectfully request that you consider waiving the penalty that normally follows in this situation for the year referenced above, as the penalty presents a financial hardship.

Your consideration toward this matter is greatly appreciated. The assessed penalty would create a severe economic hardship for the taxpayer. Please issue a closing letter directly to the taxpayer upon your determination.

Enclosed is a check for \$150.00 which represents the required annual fee for the year referenced above.

If you should have any questions, please do not hesitate to call my office.

Sincerely,

Mitchell J. Howard

Mitchell J. Howard