

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90016 035 ***150.00

DOCUMENT # P06000156989 1. Entity Name JOE POLITO PROPERTY MAINTENANCE INC.					
Principal Place of Business 26421 TRINILAS DR PUNTA GORDA, FL 33983			Mailing Address 26421 TRINILAS DR PUNTA GORDA, FL 33983		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. -		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent POLITO, JOSEPH 26421 TRINILAS DR PUNTA GORDA, FL 33983				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLITO, JOSEPH 26421 TRINILAS DR PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLITO, JOSEPH 26421 TRINILAS DR PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLITO, JOSEPH 26421 TRINILAS DR PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLITO, JOSEPH 26421 TRINILAS DR PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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, with all other like empowered.			SIGNATURE: <i>Joseph M. Polito</i> Joseph M. Polito <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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4. FEI Number **76-0848825** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL Zip Code

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

☐ Change ☐ Addition

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ATTACHMENT

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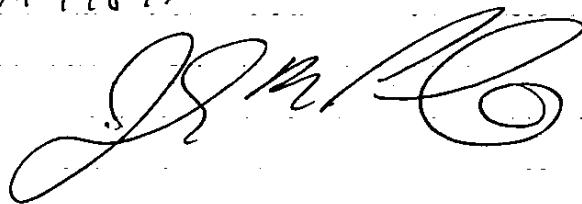
Joe Polito Property Maintenance Inc.
26421 Triniles Dr.
Punta Gorda, FL 33983

Dear Sir,

Since this is the first time I am doing these forms for corporation, I did not receive paperwork.

I received Notice of Intent to Dissolve on 7-8-08. I am sending Annual Report with \$150.00 check.

I thank you in advance for your help. Please feel free to call if there is a problem. 1-941-764-1987.



I hope I sent the correct forms.
Please call if a problem.