2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041628

Name:

Address:

City-St-Zip:

DVORAK, JEFFREY S

352 150TH AVE., SUITE E

MADEIRA BEACH, FL 33708

Entity Name: CONDO MAINTENANCE PLUS INC

FILED Apr 08, 2009 Secretary of State

Entity Nan	ne: CONDO	MAINTENANCE PLUS INC.				
Current Principal Place of Business:				New Principal Place of Business:		
352 150TH AVE., SUITE E MADEIRA BCH, FL 33708				19535 GULF BLVD. SUITE E INDIAN SHORES, FL 33785		
Current Mailing Address:				New Mailing Address:		
352 150TH AVE., SUITE E MADEIRA BCH, FL 33708				19535 GULF BLVD. SUITE E INDIAN SHORES, FL 33785		
FEI Number:	22-3962628	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CONDO MGT PLUS 352 150TH AVE SUITE E MADEIRA BEACH, FL 33708 US				CONDO MGT PLUS 19535 GULF BLVD SUITE E INDIAN SHORES, FL 33785 US		
The above in the State		submits this statement for the p	ourpose of	f changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/08/2009		
	npaign Financir	nic Signature of Registered Age og Trust Fund Contribution ().	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (ADAMS, KENN 352 150TH AV MADEIRA BCH	E., SUITE E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (ADAMS, JOYO 352 150TH AV MADEIRA BCH	E., SUITE E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KENNETH ADAMS P 04/08/2009