

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012017

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** ATTENTION TO DETAIL MAINTENACE INC.

**Current Principal Place of Business:**

715 RAVEN AVENUE  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

715 RAVEN AVENUE  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 35-2320431      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** COSTA, JERRY  
**Address:** 715 RAVEN AVENUE  
**City-St-Zip:** LONGWOOD, FL 32750 US

**Title:** TRES  
**Name:** CHAIRES, ELIZABETH  
**Address:** 1492 OBERLIN TERRACE  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** SECT  
**Name:** CHAIRES, ELIZABETH  
**Address:** 1492 OBERLIN TERRACE  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** DIR  
**Name:** COSTA, JERRY  
**Address:** 715 RAVEN AVENUE  
**City-St-Zip:** LONGWOOD, FL 32750 US

I hereby 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 all other like empowered.

**SIGNATURE:** JERRY COSTA

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date