2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P96000041952 1. Entity Name PROPERTY MAINTENANCE OF MARTIN COUNTY, INC. Principal Place of Business_ Mailing Address 3766 SE OCEAN BLVD 3766 SE OCEAN BLVD STUART, FL 34996 US STUART, FL 34996 04052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0566472 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDREWS, CHARLES S JR. DO NOT WRITE 3766 SE OCEAN BLVD STUART, FL 34996 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. TITLE ANDREWS, CHARLES S NAME STREET ADDRESS 4196 SE OCEAN BLVD Un0000291965 04/07/05-80045-021 150.00 CITY-ST-ZIP STUART, FL 34996 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 agricus, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/05 772-219-086 Date Dayline Proces #

FILED