

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90038 037 ***150.00

DOCUMENT # P96000054710

1. Entity Name
PRIORITY MAINTENANCE, INC.



Principal Place of Business
**100 1ST AVE SOUTH
SUITE 350
SAINT PETERSBURG, FL 33701**

Mailing Address
**100 1ST AVE SOUTH
SUITE 350
SAINT PETERSBURG, FL 33701**

24010414

2. Principal Place of Business

**8950 Dr. ML King St. North
SUITE #110**

3. Mailing Address

**8950 Dr. ML King St. North
SUITE #110**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

Zip
33702

Country
USA

Zip
33702

Country
USA

03042004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3387765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENACRE, JEFFREY
4131 GUNN HWY
TAMPA, FL 33624**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GREENACRE, JEFFREY**
STREET ADDRESS **4131 GUNN HWY**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **P** ☐ Delete
NAME **ELMEER, PHILLIP S**
STREET ADDRESS **100 1ST AVE SOUTH SUITE 350**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied on 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip S. ELMEER

Date

3/4/04

Daytime Phone #

727-577-7333