2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 08:00 AM DOCUMENT # P96000073101 1. Entity Name **Secretary of State** MAINTENANCE BRANCH, INC. Mailing Address Principal Place of Business 2195 - B TAMIAMI TRAIL 2195 - B TAMIAMI TRAIL PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 01052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0696986 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, BILLY W DO NOT WRITE 2195 - B TAMIAMI TRAIL PORT CHARLOTTE, FL 33948 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. I am 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 IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PST NAME JONES, BILLY W STREET ADDRESS 2195-B TAMIAMI TRAIL U00000175578 01/10/05-80055-019 **150.00** PORT CHARLOTTE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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

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 address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST- ZIP

Youla Billy W Jones (President). 1-05.2005