


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90039 047 ***150.00

DOCUMENT # P98000039946 1. Entity Name GREGORY MAIDA, INC.					
Principal Place of Business 5803 FALL FLOWER CT PORT ST LUCIE, FL 34986 US			Mailing Address 5803 FALL FLOWER CT PORT ST LUCIE, FL 34986 US		
2. Principal Place of Business - No P.O. Box # 5805 Rose Petal CT		3. Mailing Address 5805 Rose Petal CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St Lucie Florida		City & State Port St Lucie Florida		4. FEI Number 65-0832637	
Zip 34986		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAIDA, GREGORY 5803 FALL FLOWER CT PORT ST LUCIE, FL 34986			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIDA, GREGORY 5803 FALL FLOWER CT PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAIDA, FRED 5803 FALL FLOWER CT PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DURANTE, James VT 1634 Cycle Port St Lucie FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIDA, KAREN 5803 FALL FLOWER CT PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DURANTE, JAMES 1634 CYCLE PORT ST LUCIE, FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			_____ President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/11/08 772 201-8153 Date Daytime Phone #		

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