

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039946

Entity Name: GREGORY MAIDA, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

5805 ROSE PETAL CT
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

5805 NW ROSE PETAL CT
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

5805 ROSE PETAL CT
PORT ST LUCIE, FL 34986 US

New Mailing Address:

5805 NW ROSE PETAL CT
PORT ST LUCIE, FL 34986 US

FEI Number: 65-0832637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIDA, GREGORY
5803 FALL FLOWER CT
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MAIDA, GREGORY
5805 NW ROSE PETAL CT
PORT ST LUCIE, FL 34986 US

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: GREGORY MAIDA

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAIDA, GREGORY
Address: 5803 FALL FLOWER CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VT () Delete
Name: DURANTE, JAMES
Address: 1634 CYCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: MAIDA, KAREN
Address: 5803 FALL FLOWER CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: DURANTE, JAMES
Address: 1634 CYCLE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAIDA, GREGORY
Address: 5805 ROSE PETAL COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VT (X) Change () Addition
Name: DURANTE, JAMES
Address: 561 SW INEZ COURT
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S (X) Change () Addition
Name: MAIDA, KAREN
Address: 5805 NW ROSE PETAL COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change () Addition
Name: DURANTE, JAMES
Address: 561 SW INEZ COURT
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY MAIDA

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date