

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000039946

Entity Name: GREGORY MAIDA, INC.

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: MAIDA, GREGORY  
Address: 5805 NW ROSE PETAL COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T  
Name: DURANTE, JAMES  
Address: 3527 SW MACON RD  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: GREGORY MAIDA

P

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date