

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90443 041 \*\*\*150.00

<b>DOCUMENT # P98000065728</b>					
<b>1. Entity Name</b> BUILDING MAINTENANCE & MANAGEMENT SERVICES, INC.					
<b>Principal Place of Business</b> 3410 W. IVY TAMPA, FL 33607			<b>Mailing Address</b> 3410 W. IVY TAMPA, FL 33607		
<b>2. Principal Place of Business</b> 7526 CATTLE DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 398 Suite, Apt. #, etc.			
<b>City &amp; State</b> PLANT CITY, FL		<b>City &amp; State</b> THONOTOSASSA, FL		<b>4. FEI Number</b> 59-3524996	
<b>Zip</b> 33565		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LOCICERO, MICHELLE 3410 W. IVY TAMPA, FL 33607			<b>7. Name and Address of New Registered Agent</b> Name: LOCICERO, MICHELLE Street Address (P.O. Box Number is Not Acceptable): 7526 CATTLE DRIVE City: PLANT CITY, FL Zip Code: 33565		
<b>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.</b> SIGNATURE:  MICHELLE R. LOCICERO DATE: 04-30-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCICERO, PHILIP JR. 3410 W. IVY TAMPA, FL 33607 <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	D LOCICERO, MICHELLE R 3410 W. IVY TAMPA, FL 33607 <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	D LOCICERO, PHILIP 3413 CORDELIA TAMPA, FL 33607 <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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> MICHELLE R. LOCICERO, V.P.			DATE: 04-30-2004 DAYTIME PHONE #: 813-986-4434		