## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000093065

Entity Name: MAINTENANCE MANAGEMENT SOLUTIONS, INC.

FILED Jan 24, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4613 SHANNON CIRCLE 4613 SHANNON CIRCLE PENSACOLA, FL 325044429 PENSACOLA, FL 32504 **Current Mailing Address: New Mailing Address:** PO BOX 30361 PO BOX 30361 PENSACOLA, FL 325031361 PENSACOLA, FL 32503 FEI Number: 59-3543007 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SCHAFFER, JOHN E SCHAFFER, JOHN E 4613 SHANNON CIRCLE 4613 SHANNON CIRCLE PENSACOLA, FL 325044429 US US PENSACOLA, FL 32504 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: 01/24/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: PSD (X) Change ( ) Addition HULL, DAVID N Name: Name: HULL, DAVID N 6113 ARNIES WAY PO BOX 695 Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: MESSILLA PARK, NM 88047 Title: VTD Title: () Delete () Change () Addition Name: ST. CHARLES, ROBIN Name: 6045 ARNIES WAY Address: Address: MILTON, FL 32570 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SCHAFFER, JOHN E Name: Name: 4613 SHANNON CIRCLE Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E SCHAFFER D 01/24/2005