
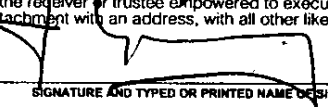


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90214 028 \*\*\*150.00

<b>DOCUMENT # P98000106535</b> 1. Entity Name <b>MONARCH MAINTENANCE SERVICES, INC.</b>					
Principal Place of Business <b>16323 N CR ROAD 225 GAINESVILLE, FL 32609</b>			Mailing Address <b>16323 N CR ROAD 225 GAINESVILLE, FL 32609</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>59-3550356</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GREENAWAY</b> <b>GREENAWAY, SHARON P</b> <b>ONE HARBOUR PL.</b> <b>TAMPA, FL 33602</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GREENAWAY JOHN</b> <input type="checkbox"/> Delete <b>16323 NORTH CR ROAD 225</b> <b>GAINESVILLE, FL 32609</b>		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	
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.					
<b>SIGNATURE:</b> 			<b>JOHN GREENAWAY</b> 4-28-06    352-213-3767		
SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

ATTACHMENT

40083597



## Division of Corporations

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P98000106535
Business Entity Name	MONARCH MAINTENANCE SERVICES, INC.
Original File Date	01/01/1999

FEI Number 59-3550356

Principal Address 16323 N CR ROAD 225  
GAINESVILLE, FL 32609

Mailing Address 16323 N CR ROAD 225  
GAINESVILLE, FL 32609

Registered Agent SHARON P GREENAWAY  
ONE HARBOUR PL.  
TAMPA, FL 33602 US

## Officer/Director Name And Address

JOHN N. GREENAWAY  
SHARON P GREENAWAY  
16323 NORTH CR ROAD 225  
GAINESVILLE, FL 32609

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

If you need to make  
changes to the above  
information, please  
select:

**ATTACHMENT**  
**40083597**  
**Annual Report Form Creation**

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**Note: Please make ALL checks payable to the Florida Department of State**

**NOTICE TO NOT FOR PROFIT CORPORATIONS SOLICITING CONTRIBUTIONS**

The Department of Agriculture and Consumer Services, Division of Consumer Services, is now responsible for administering the Solicitation of Contributions Act, chapter 496, Florida Statutes. The Solicitation of Contributions Act requires charitable organizations or sponsors intending to solicit contributions from the public in the State of Florida to annually register with the Division of Consumer Services. Failure to comply with this act is a third degree felony.

For more information, contact the Division of Consumer Services, Department of Agriculture and Consumer Services, Room 208A Mayo Building, Tallahassee, Florida 32399-0800 or call (850) 488-2221 or (800) 435-7352 (within Florida only).

Enter the entity document number below to create your pre-printed Annual Report form.

**Document Number** F98000106535

Note: On 12 digit document numbers,  
only the first character is alphabetic.

The document number is located on the back  
of the postcard above the business entity name

**Can't find your document number?**  
**Search the Division's records online by name.**  
(Note: This will open a new browser window)

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