

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000106535

1. Entity Name  
MONARCH MAINTENANCE SERVICES, INC.



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

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

Principal Place of Business  
16323 N CR ROAD 225  
GAINESVILLE, FL 32609

Mailing Address

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 59-3550356	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GREENAWAY  
GREENAWAY, SHARON P  
ONE HARBOUR PL.  
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 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**

TITLE *GREENAWAY*  Delete  
NAME *SHARON P*  
STREET ADDRESS 16323 NORTH CR ROAD 225  
CITY-ST-ZIP GAINESVILLE, FL 32609

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: *John Greenaway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-313-3767

4-28-06

**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 32609Mailing Address 16323 N CR ROAD 225  
GAINESVILLE, FL 32609Registered Agent SHARON P GREENAHEY  
ONE HARBOUR PL.  
TAMPA, FL 33602 US

## Officer/Director Name And Address

D J H N N. GREENAWAY  
SHARON P GREENAHEY  
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** *P980000106535*

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?  
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(Note: This will open a new browser window.)

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**Search Name Page**

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