


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000099293</b> 1. Entity Name NATIONAL MAINTENANCE CORPORATION	
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Principal Place of Business 14499 N DALE MABRY HWY TAMPA, FL 33618	Mailing Address 14499 N DALE MABRY HWY TAMPA, FL 33618
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3614764	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RUSH, BRIAN P 3411 W. FLETCHER AVE., SUITE B TAMPA, FL 33618
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MILLER, DAN
STREET ADDRESS	14499 N. DALE MABRY, #201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	MILLER, MARY
STREET ADDRESS	14499 N. DALE MABRY, #201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	BAILEY, BARNEY
STREET ADDRESS	14499 N. DALE MABRY, #201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	CFOV
NAME	PAYNE, VINCENT J
STREET ADDRESS	14499 N DALE MABRY HWY, STE 201
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>1100000189015 11/24/05-80077-017 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/21/05</u> <small>Date</small>	(813) 962-2772 <small>Daytime Phone #</small>
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