## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

									- J	_ ~~	
DOCUMENT # P99000107043  1. Entity Name TOTAL MAINTENANCE OF TAMPA, INC.								04-26-2004 9	0449 02	9 ***150.	00
Principal Place of Business Mailing Address											
8726 NORTH HAMNER AVE				P.O. BOX 45205			ľ	*			
TAMPA, FL 33604 TAMPA, FL 33677							}				
								O 1503 1841 8041 8041 80	<b>]</b>	<b>ji 11</b> 11 <b>511 1</b> 11	11)
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04212004	Chg-P	CR2E	34 (10/03)	
City & State				City & State			1			plied For t Applicable	
Zip	Country			Zip Cour		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Curren			urrent Régis	tered Agent		7. Name and Address of New Registered Agent					
0.541101111						Name				1	
STANCHIU, JORGE 8726 NORTH HAMNER AVE TAMPA, FL 33604						Street Address (P.O. Box Number is Not Acceptable)					
									<u>.</u>		
						City				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: Heyistered Agent signature required when remataring)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.		OFFICER	S AND DIRE	CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AN	DIRECTORS	3 IN 11
BILE	P Delete Tit					V	7P			2 Change	☐ Addition
NAME .	STANCHIO, JORGE ADDRESS PO BOX 45205					5	TANCHIU	JORGE			]
STREET ADDRESS CITY-ST-ZIP	1	15205 L 33677			CITY-S		P.O. BOX				
TITLE				☐ Delete	TITLE	F	AMPA FL	. 330//		Change	Addition
NAME	ĺ				NAME	-   т	INOCO Y	ΔητρΔ			*
CITY-ST-ZIP	1				STREET CITY-S	T ADDRESS F	O. BOX	45205	ļ		
TITLE				☐ Delete	TITLE		APPA EL	. 330//		Change	<b>∑X</b> Addition
STREET ADDRESS			<del></del>	·	NAME		ATUM VE				
CITY-ST-ZIP					CITY-S		O BOX	45205	•		ا من
TITLE				Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS					NAME STREET	T ADDRESS			į		ŀ
CITY-ST-ZIP					CHY-S	1					
TITLE	}			☐ Delete	HITLE				ļ	☐ Change	☐ Addition
NAME STREET ADDRESS					name Stree	T ADDRESS			- increase		
CITY-ST-ZIP .				-	CITY-S	ST-ZIP	·				
TITLE NAME		grid on the	41	Delete	TITLE	ļ	•			Change Change	☐ Addition
STREET ADDRESS			٠,		1	T ADORESS			. !		
CITY-ST-ZIP	<u> </u>			·	- B	ST-ZIP	<u> -                                   </u>				
12. I hereby indicated of the cor	certify that the domination of the certific that the certific and the cert	e information support or supplemental he receiver or truste achieves and achieves are achieves and achieves are achieves and achieves are achieves are achieves are achieves are achieves are achieves are achieves and achieves are achieves and achieves are achieves are achieves and achieves are achieves are achieves are achieves are achieves and achieves are achieves are achieves are achieves are achieves and achieves are achieves are achieves are achieves are achieves achieves are achieves achieves are achieves are achieves achieves are achieves achieves are achieves a	lied with this report is troe ee empowere	iting despinot quality for and a curate and that n it a execute his report	the exent ny signatu as require	nption stated in ure shall have t ed by Chapter	n Section 119.07(3 the same legal effo 607, Florida Statu	)(i), Florida Statutes. ect as if made under les; and that my nam	I lurther ce oath; that I ne appears	rtify that the in am an officer in Block 10 or	nformation or director Block 11 if
12. I hereby certify that the information supplied with this litting death of 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 trop and securate 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 or except 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 a death of the like empowered.  SIGNATURE:											
		SIGNATURE AND T	PED OR PRINT	NAME OF SIGNING OFFICER	OR DIRECTO	OR .		Date		Daytime Phone #	