

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13106

FILED
Jan 13, 2004
Secretary of State

Entity Name: PERFECT & RELIABLE MAINTENANCE, INC.

Current Principal Place of Business:

904 LEE BLVD.
UNIT 101
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0358
LEHIGH ACRES, FL 339700358

New Mailing Address:

FEI Number: 65-0226821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FESTERLING, WALTER
711 COLUMBUS AVE
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: PFUND-FESTERLING, BARBARA
Address: 711 COLUMBUS AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DV () Delete
Name: FESTERLING, WALTER
Address: 711 COLUMBUS AVE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PFUND-FESTERLING BARBARA

P

01/13/2004

Electronic Signature of Signing Officer or Director

Date