


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 026 ***150.00

DOCUMENT # S47047 1. Entity Name STORE MAINTENANCE, INC.					
Principal Place of Business 4504 SOUTH HALE AVENUE TAMPA, FL 33611			Mailing Address 4504 SOUTH HALE AVENUE TAMPA, FL 33611		
2. Principal Place of Business 15250 N.E. 84TH LANE		3. Mailing Address 15250 N.E. 84TH LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Silver Springs, FL		City & State Silver Springs, FL		4. FEI Number 59-3058390	
Zip 34488		Country MARION		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLLINS JOHN R 4504 SOUTH HALE AVE SUITE 205 TAMPA, FL 33611			7. Name and Address of New Registered Agent Name John R. Collins Street Address (P.O. Box Number is Not Acceptable) 15250 N.E. 84TH LANE City Silver Springs FL Zip Code 34488		
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 <u><i>John R. Collins</i></u> DATE <u>7-6-04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLINS, PEGGY 4504 S. HALE AVE. TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLINS, PEGGY 15250 N.E. 84TH LANE Silver Springs, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, JOHN R. 4504 S. HALE AVE. TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS JOHN R. 15250 N.E. 84TH LANE Silver Springs, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.					
SIGNATURE: <u><i>John R. Collins</i></u> John R. Collins <u>7-6-04</u> <u>352-625-1302</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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07062004 Chg-P CR2E034 (10/03)