

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

pd 4-20-04
amt \$150.00
FILED
Apr 23, 2004 08:00 AM
CL Secretary of State

DOCUMENT # V24048

1. Entity Name
EXTERNAL MAINTENANCE, INC.



Principal Place of Business
1645 KENSINGTON COURT
FT MYERS, FL 33907 US

Mailing Address
1645 KENSINGTON COURT
FT MYERS, FL 33907 US



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0393134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUTZ, APRIL
6655 WAVEFIELD DR.
FT MYERS BEACH, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AHRENHOLZ, ERIC
STREET ADDRESS	1645 KENSINGTON CT
CITY-ST-ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000126923
04/23/04-80054-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 239 275 8266
Date Date/Time