## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V68989

FILED Apr 04, 2004 Secretary of State

Entity Name: MAINTENANCE MANAGEMENT ENTERPRISES, INC.

Current F	Principal Place	of Business:	New Principal Plac	e of Business:
	OCEAN BLVD FL 34994 U	, 1ST FLOOR JS		
Current N	Mailing Addres	s:	New Mailing Addre	ess:
P.O. BOX STUART,	. 2274 FL 349952274			
FEI Numbe	r: 65-0361648	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
301 E OC	L, EDWIN E., III EAN BV STE 2 FL 34994	00		
	e named entity s te of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,
SIGNATU	IRE:			
	Electron	ic Signature of Registered A્	gent	Date
Election Ca	ımpaign Financinç	g Trust Fund Contribution ( ).		
	ımpaign Financine	. ,	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS
<b>OFFICER</b> Title: Name: Address:	PD () BARATTA, ROE 31 S.E. HARBO	TORS: Delete SERT O IR POINT DR.	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () BARATTA, ROE 31 S.E. HARBO STUART, FL 34 VD () BARATTA, SCC 3484 SW FORE	TORS: Delete SERT O R POINT DR. 4996 Delete OTT R EST HILLS CT	Title: Name: Address:	
	PD ( ) BARATTA, ROE 31 S.E. HARBO STUART, FL 3- VD ( ) BARATTA, SCO 3484 SW FORE PALM CITY, FL SD ( ) BARATTA, CAR 31 S.E. HARBO	Delete SERT O R POINT DR. 4996  Delete OTT R EST HILLS CT 34990  Delete OL R POINT DR.	Title: Name: Address: City-St-Zip: Title: Name: Address:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD ( ) BARATTA, ROE 31 S.E. HARBO STUART, FL 3- VD ( ) BARATTA, SCO 3484 SW FORE PALM CITY, FL SD ( ) BARATTA, CAR 31 S.E. HARBO	Delete SERT O R POINT DR. 4996  Delete OTT R EST HILLS CT 34990  Delete OL SR POINT DR. 4996  Delete DELET DELETE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition

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: RONALD C. PARKER V 04/04/2004