

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90016 015 \*\*\*150.00

<b>DOCUMENT # S88785</b>			
1. Entity Name FLORIDA MAINTENANCE SERVICES, INC.			
Principal Place of Business 1860 CANOVA ST. PALM BAY, FL 32909 US		Mailing Address <del>P.O. BOX 100247</del> PALM BAY, FL 32910-0247 US 1860 Canova St. Palm Bay, FL 32909	
2. Principal Place of Business - No P.O. Box # 1860 Canova St. Suite, Apt. #, etc.		3. Mailing Address 1860 Canova St. Suite, Apt. #, etc.	
City & State Palm Bay, FL		City & State Palm Bay, FL	
Zip 32909		Country USA	
4. FEI Number 59-3098837		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 COLAIACOMO, PHILIP M JR. 939 MINA AVE NE PALM BAY, FL 32907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COLAIACOMO, PHILLIP M JR 939 MINA AVE PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 5/1/07 (321) 729-8049	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	