## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 497638**

Entity Name: R & R MAINTENANCE, INC

8105 RIVER POINT COURT

SAINT AUGUSTINE, FL 32092

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Littly Nai	IIIC. KAKIMAII	ITENANCE, INC.				
Current P	rincipal Place o	f Business:	New Prince	New Principal Place of Business:		
	LLIPS HIGHWAY VILLE, FL 32256					
Current M	lailing Address:		New Maili	ng Address	:	
	LLIPS HIGHWAY VILLE, FL 32256					
FEI Number:	: 59-1660644	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of	New Registered Agent:	
	DBERT I LLIPS HIGHWAY VILLE, FL 32256					
The above in the State	named entity su e of Florida.	bmits this statement for the	purpose of changing i	ts registered	office or registered agent, or bot	th,
SIGNATUR	RE:					
	Electronic	Signature of Registered A	gent		Date	_
Election Car	mpaign Financing T	rust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D REED, ROBERT I 541 COUNTY ROA SAINT AUGUSTIN	, JR, AD 13 SOUTH	Title: Name: Address: City-St-Zip:	REED, ROBE 837 COUNTY	X) Change()Addition RT I, JR, ROAD 13 SOUTH STINE, FL 32092	
Title: Name: Address: City-St-Zip:	SD () D REED, LINDA M 541 COUNTY ROA SAINT AUGUSTIN	AD 13 SOUTH	Title: Name: Address: City-St-Zip:	REED, LINDA 837 COUNTY	X) Change () Addition M ROAD 13 SOUTH STINE, FL 32092	
Title: Name: Address: City-St-Zip:	VP () D REED, ROBERT A 2005 RIVERS OW SAINT AUGUSTIN	N N ROAD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title:	VP ()D	elete	Title:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: LINDA M. REED SD 04/30/2008