2009 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 Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
11700 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 US			6734 GREENLAND INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32258 US		
Current M	lailing Address:		New Mailing Addr	ess:	
11700 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 US		6734 GREENLAND INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32258 US			
FEI Number	: 59-1660644 FEI Numbe	r Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
REED, ROBERT I 11700 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 US				REED, ROBERT I 6734 GREENLAND INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32258 US	
	named entity submits this e of Florida.	statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				03/19/2009	
	Electronic Signature	of Registered Ag	ent	Date	
Election Car	mpaign Financing Trust Fund (Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD () Delete REED, ROBERT I, JR 837 COUNTY ROAD 13 SOUT SAINT AUGUSTINE, FL 32092		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () Delete REED, LINDA M 837 COUNTY ROAD 13 SOUT SAINT AUGUSTINE, FL 32092		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete REED, ROBERT A 2005 RIVERS OWN ROAD SAINT AUGUSTINE, FL 32092	2∪S	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () Delete REED, JUSTIN T		Title: Name:	() 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 03/19/2009