


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 647776</b> 1. Entity Name <b>FMS MAINTENANCE CORP.</b>	
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Principal Place of Business <b>2516 EDISON AVE. JACKSONVILLE, FL 32204</b>	Mailing Address <b>526 STOCKTON ST JACKSONVILLE, FL 32204</b>
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01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>59-1952413</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HOLBROOK, H. LEON ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 (if applicable, (NOTE: Registered Agent signature required when reinstating)) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LEE, KATHRYN S. (ASST.) 2516 EDISON AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GAY, W. W. 524 STOCKTON ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V PAINTER, ROGER W. 524 STOCKTON ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOWLES, CARL 524 STOCKTON STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U00000222728 02/10/05-80013-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathryn S. Lee KATHRYN S. Lee 2/7/05 904-394-7621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #