

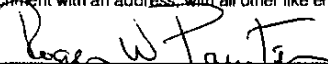


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 647776 1. Entity Name FMS MAINTENANCE CORP.			
Principal Place of Business 2516 EDISON AVE. JACKSONVILLE, FL 32204		Mailing Address 526 STOCKTON ST JACKSONVILLE, FL 32204	
			
		01102007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1952413 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
HOLBROOK, H. LEON ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202			
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 registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000596322 01/23/07-80074-008 150.00	
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			
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: 		1-19-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	