


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90182 028 \*\*\*158.75

<b>DOCUMENT # 694961</b>		
1. Entity Name <b>THOMAS MAINTENANCE SERVICES, INC.</b>		

Principal Place of Business <b>17200 S.W. 137TH AVE. MIAMI, FL 33177</b>	Mailing Address <b>P.O. BOX 16-1068 MIAMI, FL 33116 US</b>
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**60022397**



2. Principal Place of Business <b>11770 SW 214 ST</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami</b>		City & State	
Zip <b>33170</b>	Country	Zip	Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2118932</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>THOMAS, MELVIN C. 17200 SW 137TH AVENUE MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Thomas Melvin C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11770 SW 214 ST</b> City <b>Miami</b> FL Zip Code <b>33170</b>

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, MELVIN C. 17200 SW 137TH AVENUE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Melvin C. Thomas 11770 SW 214 ST Miami, FL 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/3/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #