

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000002171

1. Entity Name
RESEARCH ANALYSIS AND MAINTENANCE, INC.



Principal Place of Business
**9440 VISCOUNT BLVD
SUITE 200
EL PASO, TX 79925 US**

Mailing Address
**9440 VISCOUNT BLVD
SUITE 200
EL PASO, TX 79925 US**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2237532

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLATT, MICHAEL
3310 CHERRY STREET
COCOA, FL 32926**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**CPD
WALDRON, SHARON M
9440 VISCOUNT BLVD, SUITE 200
EL PASO, TX 79925**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALDRON, WILSON R
9440 VISCOUNT BLVD, SUITE 200
EL PASO, TX 79925**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WALDRON, SHANNON
9440 VISCOUNT BLVD SUITE 200
EL PASO, TX 79925**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WELSH, JOHN JR.
6070 GATEWAY E., SUITE 102
EL PASO, TX 79936**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000541622
05/10/06-80065-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHARON M
WALDRON**

Date

Daytime Phone #

4-13-06 95522047