2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2007 08:00 AM Secretary of State

ANNUAL REPURI			Jan 17, 2007 00.0	
DOCUMENT # F96000001128		Secretary of Sta		
1. Entity Name MAINTENANCE OF FLORIDA, II	NC.			
Principal Place of Business 1136 NORTHEAST PINE ISLAND CAPE CORAL, FL 33909	Mailing Address 9876 PLANO ROAD DALLAS, TX 75238			
	TE IN THIS SPA	CE	01052007 No Chg-P CR2E034 (11/05) 4. FEI Number	
6. Name and Address of Cu	rrent Registered Agent	-		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE	
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing its registe	ered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURE		<u>. </u>		
Signature, typed or printed name of registered	d agent and little if applicable (NOTE Registe	ered Agent signature required	d when rensiating) 03000003 \$3570 009 150 000 000 000 000 000 000 000 000 000	
FILE NOWIII FEE IS \$150.0 After May 1, 2007 Fee will be \$	350.00 Trust Fund Contribution		.00 May Be ded to Fees	
10. OFFICERS	AND DIRECTORS	-		
NAME SCHOPEMEYER, SALLY STREET ADDRESS 9876 PLANO RD CITY-ST-ZIP DALLAS, TX 75238				
TITLE SD NAME TRAVIS, JANE M STREET ADDRESS 9876 PLANO RD CITY-ST-ZIP DALLAS, TX 75238				
ITILE T TRAVIS, TOBY L STREET ADDRESS 9876 PLANO RD CITY-ST-ZIP DALLAS, TX 75238			DO NOT WRITE	
TITLE DC NAME TRAVIS, WM B STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75238			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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.

TO THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _