## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # K79549

SPOT BUILDING MAINTENANCE, INC.



**FILED** Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2539 FIELDCREST CT HOLIDAY, FL 34691 US 2539 FIELDCREST CT HOLIDAY, FL 34691 US



01052007 No Chg-P

CR2E034 (11/05)

Applied For 4. FEI Number 59-2946287 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

PETERSON, GARY 2539 FIELDCREST CT HOLIDAY, FL 34691

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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 Sgnature, typod or printed name of registered agont and title if applicable (NOIE. Registered /				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Camp Trust Fund Co			ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERSON, GARY 2539 FIELDCREST CT HOLIDAY, FL 34691			ţ.	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	DS PETERSON, LORNA 2539 FIELDCREST CT HOLIDAY, FL 34691		·	·	U00000741488 05/15/07-80029-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		: -
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this copyright of a supplier part of the part					

indicated on this report or supplemental report is true and accurate and that it amy signature shall have the same legal effect as if made under cath; 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: Long Paterson Long Par SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peterson

4/21/07 Date