

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000000447

1. Entity Name
**THE SCHOOL MAINTENANCE EMPLOYEES AND
ASSOCIATES, INC.**



Principal Place of Business

**580 S ELLIS ROAD
113
JACKSONVILLE, FL 32205**

Mailing Address

**580 S ELLIS ROAD
113
JACKSONVILLE, FL 32205**



04052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2500851

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

**DELEGAL III, T.A.
424 EAST MONROE STREET
JACKSONVILLE, FL 32202**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**VP
SPRADLEY, DAVID
6944 BAKERS FIELD DR.
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOP
HORSEPIAN, TERRY
4602 TUNIS STREET
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VILLARRUEL, FERNANDO
8776 PINEVALLEY LANE
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOP
FLOOK, RICHARD L
1828 BUCKNOLL AVE.
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOD
RICKETTS, VICENT
8110 TIMBER POINT DR.
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
THOMPSON, JEFFREY E
7352 SOUTHERN STATES NURSERY ROAD
MACCLENNEY, FL 32063**

U00000501318
04/25/06-80054-016 61.25

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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 617, 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: *Jeffery E Thompson* **Jeffery E Thompson**

4-5-06
Date

9042598310
Daytime Phone #