


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90047 012 ****61.25

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
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40127127



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2500851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELEGAL, III, T.A. 424 EAST MONROE STREET JACKSONVILLE, FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 renewing) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPRADLEY, DAVID 6944 BAKERS FILED DR. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Steven Crider 1977 Muncie Ave Jax FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOP HORSEPIAN, TERRY 4602 TUNIS STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Roger Palmer 11539 Blackoak Trail Jax FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARRUEL, FERNANDO 8776 PINEVALLEY LANE JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD Mark Howle 12636 Chapelton Cir E Jax FL 32225 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOP FLOOK, RICHARD L 1828 BUCKNOLL AVE. JACKSONVILLE, FL 32218 <input checked="" 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	BOD RICKETTS, VICENT 8110 TIMBER POINT DR. JACKSONVILLE, FL 32244 <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	T THOMPSON, JEFFREY E 7352 SOUTHERN STATES NURSERY ROAD MACCLENNY, FL 32063 <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 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: *Jeff Thompson* **Jeff Thompson Treas.** **7-21-07** **904-259-8310**
Signature and typed or printed name of signing officer or director Date Daytime Phone #