2005 FOR PROFIT CORPORATION

FILED May 03, 2005 8:00 am **ANNUAL REPORT (AR)** Secretary of State DOCUMENT # P0000 000 3502 05-03-2005 90128 019 ***150.00 R.L. SAUNG MAINTENANCE, INC. Principal Place of Business Mailing Address 111 Waterway Dre. 14015782 Satsuma, 71 32189 2. Principal Place of Business 3. Mailing Address Some Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicab Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name R.L. SAUNGITR. III Waterway Are. Satsuma, 71. 32189 Street Address (P.O. Box Number is Not Acceptable) 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/s 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 \$5.00 May B 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TEEL F ☐ Delete TITLE ☐ Change Addilit SALING, R.L. JR. NAME NAME III Waterway Due. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>Satsuma</u> 72. 32189 CITY-ST-7IP DILE BEDROSIAN, DORIS M. ☐ Defete TETEF ☐ Change ☐ Additte NAME Jax., FA-32266 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiete TITLE TITLE Change Addilio Nobles, Lawana NAME NAME 3809 Skycrest DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TULE Additk NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-74P TITLE ☐ Delete Change ☐ Additix NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addilio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALING, JR.

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