


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 019 ***150.00

DOCUMENT # P00000003502	
1. Entity Name R.L. SALING MAINTENANCE, INC.	

Principal Place of Business 111 Waterway Ave. Satsuma, FL 32189	Mailing Address
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2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Country	Zip
Country	Country

6. Name and Address of Current Registered Agent R.L. SALING, JR. 111 Waterway Ave. Satsuma, FL 32189	
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7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALING, R.L. JR. <input type="checkbox"/> Delete 111 Waterway Ave. Satsuma, FL 32189

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEDROSIAN, DORIS M. <input type="checkbox"/> Delete 1 Southern Trace Blvd. JAX, FL 32246
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nobles, Lawana <input checked="" type="checkbox"/> Delete 3809 Skycrest Dr. JAX, FL 32246
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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14015782



1st MOORE CR2E034 (10/04)

4. FEI Number	<input checked="" type="checkbox"/> 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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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May B Added to Fees	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/ik

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/ik
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SIGNATURE:

Robert L. Saling, Jr.

ROBERT L. SALING, JR.

PRESIDENT
DIRECTOR

4-21-05