

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90062 001 ***450.00

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03212007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000003502 1. Entity Name R. L. SALING MAINTENANCE, INC.					
Principal Place of Business, 111 WATERWAY AVENUE SATSUMA, FL 32189 US			Mailing Address 111 WATERWAY AVENUE SATSUMA, FL 32189 US		
2. Principal Place of Business - No P.O. Box # 3113 KLINE RD.		3. Mailing Address 3113 KLINE RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JAX. FL.		City & State JAX., FL.		4. FEI Number 54-3618067 APPLIED FOR	
Zip 32246		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALING, R.L. JR 111 WATERWAY AVENUE SATSUMA, FL 32189			7. Name and Address of New Registered Agent Name SALING, R.L. JR. Street Address (P.O. Box Number is Not Acceptable) 3113 KLINE RD. JACKSONVILLE, FL. City FL Zip Code 32246		
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 fee if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				DATE 4-9-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SALING, R.L. JR <input type="checkbox"/> Delete 111 WATERWAY AVENUE 3113 KLINE RD. SATSUMA, FL 32189 JAX., FL. 32246		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BEDROSIAN, DORIS M <input type="checkbox"/> Delete 1 SOUTHERN TRACE BOULEVARD JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-9-07 DAYTIME PHONE # 904-743-0057		