2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P00000005293 Feb 05, 2007 08:00 AM **Secretary of State** DALEY MAINTENANCE, INC. Principal Place of Business Mailing Address 3383 TIMUCUA CRT ORLANDO FL 32837 P.O. BOX 772412 ORLANDO FL 32877-2412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 26-5171378 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DALEY, GREGORY R Street Address (P.O. Box Number is Not Acceptable) 3383 TÍMUCUA CIR ORLANDO FL 32837 City Zip Code 8. The above named ontity 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 obligation of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mir. Delete Change DALEY, GREGORY R NAMI NAME U00000621018 3383 TIMUCUA CIR STREET ADDRESS STREET ADDRESS 02/09/07-80060-025 150.00 ORLANDO FL 32837 CITY-ST-ZIP CITY-S1-ZIP Delete Change ☐ Adddion HILE TITLE. NAME NAMI STREET ADDRESS STRUT ADDRESS CITY+ST-ZIP CHY-SI-76 ☐ Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-7IP Delete Addition 1010 Change NAME NAMI STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-7IP IIIIE ☐ Delete TITLE Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP Delete 1000 ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; that I am an officer or director of the exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, written other like empowered.