


FILED  
Apr 21, 2008 8:00 am  
Secretary of State

04-01-2008 90011 029 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

4/1

DOCUMENT # P00000009272		
1. Entity Name ULTIMATE MAINTENANCE SERVICES INCORPORATED		
Principal Place of Business 7241 CATALINA ISLE DRIVE LAKE WORTH, FL 33467		Mailing Address 7241 CATALINA ISLE DRIVE LAKE WORTH, FL 33467
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MEYERS, STEVEN A ESQ 2295 N.W. CORPORATE BLVD SUITE 117 BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of renewing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of...		
SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when renewing) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EARLY, MILES 7241 CATALINA ISLE DRIVE LAKE WORTH, FL 33467	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RYAN, MARK (MONTY) 7241 CATALINA ISLE DRIVE LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>[Signature]</u> 4-16-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		