## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000018766

Address:

City-St-Zip:

222 SW 2ND COURT

DEERFIELD BEACH, FL 33441

Entity Name: TREBOR MAINTENANCE SERVICES, INC.

FILED Mar 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1311 S.W. 9TH AVENUE DEERFIELD BEACH, FL 33441					
Current Mailing Address:			New Mailing Address:		
	9TH AVENUE D BEACH, FL				
FEI Number:	65-0983970	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1311 SW 9	JENNIFER ITH AVE D BEACH, FL	33441 US			
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.					
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RECKLEY, ROI 1311 S.W. 9TH		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RECKLEY, DEL 222 SW 2ND C		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () RECKLEY, JEN 1311 SW 9TH A DEERFIELD, FI	\VE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RECKLEY, RYA 222 SW 2ND C		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	P () RECKLEY, JUA	Delete NITA	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JENNIFER RECKLEY S 03/11/2008