## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P00000073347 01-23-2006 90119 030 \*\*\*150.00 1 Entity Name 3D MAINTENANCE, INC. Principal Place of Business Mailing Address 12911 SPUR ROAD 12911 SPUR ROAD HUDSON, FL 34669 HUDSON, FL 34669 2. Principal Place of Bysiness 3. Mailing Address 7914 Ha Drive Drive Halser Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01062006 Chg-P City & State Applied For 4. FEI Number 59-3662608 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired AZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, RICHARD A Street Address (P.Q. Box Number is Not Acceptable) **12911 SPUR ROAD** HUDSON, FL 34669 1,11 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE ☐ Delete \* address only MOORE, RICHARD A NAME 12911 SPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON, FL 34669 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete Change NAME STREET ADDRESS STREET NUMBESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2006 8:00 am