

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90094 014 ***150.00

DOCUMENT # P00000078516

1. Entity Name
D & R MAINTENANCE INC.



Principal Place of Business
1533 SUNSET VIEW CIRCLE
APOPKA, FL 32703

Mailing Address
1533 SUNSET VIEW CIRCLE
APOPKA, FL 32703

50049987

2. Principal Place of Business
2451 Pleasant Ln
Suite, Apt. #, etc.

3. Mailing Address
2451 Pleasant Ln
Suite, Apt. #, etc.



04292005 Chg-P CR2E034 (10/03)

City & State
Longwood FL
Zip
32779 Country

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Longwood FL
Zip
32779 Country

4. FEI Number
59-3663380 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANFIELD, DOUGLAS
1533 SUNSET VIEW CIRCLE
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name Douglas Canfield
Street Address (P.O. Box Number is Not Acceptable)
2451 Pleasant Ln
City Longwood FL Zip Code 32779

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

Douglas M Canfield

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CANFIELD, DOUGLAS
STREET ADDRESS 1533 SUNSET VIEW CIRCLE
CITY-ST-ZIP APOPKA, FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Canfield Douglas
STREET ADDRESS 2451 Pleasant Ln
CITY-ST-ZIP Longwood FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Douglas M Canfield

4-29-05 (407) 415-7813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #