


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90223 012 ***150.00

DOCUMENT # P00000078516 1. Entity Name D & R MAINTENANCE INC.																													
Principal Place of Business 2451 PLEASANT DRIVE LONGWOOD, FL 32779			Mailing Address 2451 PLEASANT DRIVE LONGWOOD, FL 32779																										
2. Principal Place of Business - No P.O. Box # 2339 Apache DR Suite, Apt. #, etc.		3. Mailing Address 2339 Apache DR Suite, Apt. #, etc.																											
City & State Melbourne, FL Zip Country 32935 USA		City & State Melbourne, FL Zip Country 32935 USA		4. FEI Number 59-3663380																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent CANFIELD, DOUGLAS 2451 PLEASANT LANE LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2339 Apache DR Melbourne FL 32935																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANFIELD, DOUGLAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2451 PLEASANT DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32779</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	CANFIELD, DOUGLAS		STREET ADDRESS	2451 PLEASANT DRIVE		CITY-ST-ZIP	LONGWOOD, FL 32779		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">2339 Apache DR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Melbourne, FL 32935</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	2339 Apache DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Melbourne, FL 32935		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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____