

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000121341

1. Entity Name
DIVERSIFIED MAINTENANCE SYSTEMS, INC.



Principal Place of Business
**5110 EISENHOWER BLVD., STE. 250
TAMPA, FL 33634**

Mailing Address
**5110 EISENHOWER BLVD., STE. 250
TAMPA, FL 33634**

DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1783895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPURLOCK, MITCHELL D
5110 EISENHOWER BLVD., STE. 250
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

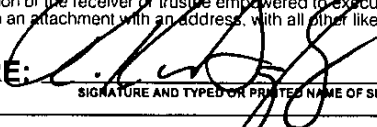
10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | ORR, COBY W |
| STREET ADDRESS | 5110 EISENHOWER BLVD STE 250 |
| CITY-ST-ZIP | TAMPA, FL 33634 |
| TITLE | VS |
| NAME | SPURLOCK, MITCHELL D |
| STREET ADDRESS | 5110 EISENHOWER BLVD STE 250 |
| CITY-ST-ZIP | TAMPA, FL 33634 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:  **R. KEITH BAGBY CFO** 5/9/07 813-383-0238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #