


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90034 035 ***150.00

DOCUMENT # P02000050042			
1. Entity Name MERMAID MAINTENANCE SERVICES INC			
Principal Place of Business 10190 Balsa Way PALM BEACH GARDENS, FL 33410		Mailing Address 4521 PGA BLVD. BOX #291 PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business - No P.O. Box # <i>321 Northlake Blvd</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>105</i>		Suite, Apt. #, etc.	
City & State <i>North Palm Beach, FL</i>		City & State	
Zip <i>33408</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 02-0613575		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, RICHARD A <i>10190 Balsa Way 8544 Bordeaux Court</i> PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 <i>R. Thompson</i>		DATE <i>03/20/08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THOMPSON, RICHARD		NAME	
STREET ADDRESS 10190 Balsa Way		STREET ADDRESS <i>8544 Bordeaux Court</i>	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THOMPSON, DEBORAH B		NAME	
STREET ADDRESS 10190 Balsa Way		STREET ADDRESS <i>8544 Bordeaux Court</i>	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LOCKHART, JAMES G		NAME	
STREET ADDRESS 461 Venus Dr.		STREET ADDRESS	
CITY-ST-ZIP JUNO BEACH, FL 33408		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LAVELLA, MICHAEL		NAME	
STREET ADDRESS 11 Uno Lago Dr		STREET ADDRESS	
CITY-ST-ZIP JUNO BEACH, FL 33408		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>R. Thompson</i>		DATE: <i>03/20/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>5618444301</i>	