

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90466 029 \*\*\*150.00

**DOCUMENT # P02000062792**

1. Entity Name

GENERAL MAINTENANCE, INC.



Principal Place of Business

2701 S. ORLANDO DRIVE  
SUITE 17  
SANFORD FL 32773  
US

Mailing Address

P.O. BOX 952011  
LAKE MARY FL 32795  
US



2. Principal Place of Business

1662 SIPES AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SANFORD FL

City & State

City & State

Zip  
32771

Country  
Seminole

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

81-0555179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DICKLER, RONALD  
2706 S. ORLANDO DR.  
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

1662 SIPES AVE

City SANFORD

FL

Zip Code 32771

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

RONALD DICKLER PRESIDENT

4/10/06

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.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete

NAME DICKLER, RONALD  
STREET ADDRESS 2706 S. ORLANDO DRIVE  
CITY-ST-ZIP SANFORD FL 32773

TITLE VP ☐ Delete

NAME DICKLER, HOWARD  
STREET ADDRESS 27222 DAY FLOWER BLVD.  
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE S ☒ Delete

NAME PALMER, LEIZABETH  
STREET ADDRESS 8730 GOLF TERR. TR.  
CITY-ST-ZIP WINTER PARK FL 32768

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 1662 SIPES AVE ☒ Change ☐ Addition

NAME  
STREET ADDRESS SANFORD, FL 32771  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS ZIP 33544  
CITY-ST-ZIP

TITLE SANDRA MAHORY ☐ Change ☐ Addition

NAME  
STREET ADDRESS 1662 SIPES AVE  
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

PRESIDENT 4/10/06 407 474-1917