2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 08:00 All Secretary of State

ANNUAL REPURI			Mar 02, 2000 08:00			
DOCUMENT # P02000087269				Sec	cretary	of State
1. Entity Name NORTH FLORIDA SERVICE & MAINTENANCE CORPORATION						
Principal Place of Business 174 NW VENICE GLEN LAKE CITY, FL 32055	Mailing Address P.O. BOX 2127 LAKE CITY, FL 32056 US				i danas idsii illusu iilisu k	STILM TWO FORMS OF FRANK
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DO NOT WRI	TE IN THIS SPA	CE	4. FEI Numbe 33-101		CR2E034 (11/	Applied For Not Applicable
			5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
6. Name and Address of Cu	rrent Registered Agent					
TURBEVILLE, ROBERT W 174 NW VENICE GLEN LAKE CITY, FL 32055		-		NOT W THIS SP		
8. The above named entity submits this stater the obligations of registered agent. SIGNATURE Signature, typed or printed name of registers.		tered office or registe		th, in the State of Flo	orida. I am familiar	with, and accept
FILE NOW!!! FEE IS \$150.0 After May 1, 2006 Fee will be \$	9. Election Campaign Fit 550.00 Trust Fund Contribution	nancing \$5	i.00 May Be ded to Fees			
10. OFFICERS ITLE P	S AND DIRECTORS					<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				H00001 0 3/14/0 6-	1453040 80004-004	158.75
THEE AAME STREET ADDRESS CITY-ST-ZIP				NOT W		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN .	THIS SF		
TITLE NAME STREET ADDRESS CITY ST. 7P						

12. I hereby certify that the information supplied with this filling 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 eppowered 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: _

TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06

386-961-2595

Daytime Phone #