

DOCUMENT # P02000126342 1. Entity Name CENTRAL BUILDING MAINTENANCE, INC.				FILED 07 MAR -6 PM 5:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2921 S. ORLANDO DRIVE SANFORD, FL 32773		Mailing Address 2921 S. ORLANDO DRIVE SANFORD, FL 32773			
2. Principal Place of Business - No P.O. Box # 1008 Ridgemount Place Suite, Apt. #, etc.		3. Mailing Address PO Box 983488 Suite, Apt. #, etc.			
City & State Heathrow, FL 32746 Zip 32746 Country USA		City & State Lake Mary, FL 32795 Zip 32795 Country USA		4. FEI Number 04-3726940 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAUS, CHRISTOPHER K 2921 S. ORLANDO DRIVE SANFORD, FL 32773		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
		Name Christopher Maus			
		Street Address (P.O. Box Number is Not Acceptable) 1008 Ridgemount Place			
		City Heathrow FL Zip Code 32746			
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  DATE 3/2/07					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 200093714592 03/19/07--01020--011 **70.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAUS, CHRISTOPHER 2921 S. ORLANDO DRIVE SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Christopher Maus 1008 Ridgemount Place Heathrow, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 3/2/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					