## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Mar 07, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of Sta
DOCUMENT # P0300000081  1. Entity Name ASSOCIATED BLDG. MAINT., INC.				Secretary or Sta
Principal Place 15939 VISTA MONTVERDE		Mailing Address 15939 VISTA VERDE DR MONTVERDE, FL 34756	- Comme	
E	OO NOT WRITE	IN THIS SPA	CE	01042008 No Chg-P
6. Name and Address of Current Registered Agent FERLITA, GUY 15939 VISTA VERDE DR MONTVERDE, FL 34756				DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the consol registered agent.  Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registers	id Agent algnature required	ored agent, or both, in the State of Florida. I am familiar with, and accept adverse and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with, and accept by the state of Florida. I am familiar with a state of Florida. I am famil
After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		+	5.00 May Be ded to Fees
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FERLITA, GUY 15939 VISTA VERDE DR MONTVERDE, FL 34756	RECTORS		U00000850457 03/24/08-80007-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN THIS SPACE
TITLE NAME. STREET ADDRESS CITY-S1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	pedi di di	Contract Con
of the cor	certify that the information euopline with the on this report or supplemental report is troporation or the receiver or Justee Japows or on an attachment with appacacless, with	ue and accurate and that musigna eved to execute this report as requi	emptions contained ture shall have the s red by Chapter 607	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

EU NAME OF SIGNAL OFFICER OR DIRECTOR