

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000092497 1. Entity Name M R MAINTENANCE & REPAIR, INC.						FILED 05 AUG 16 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2509 TIPTON COURT DELTONA, FL 32738				Mailing Address 2509 TIPTON COURT DELTONA, FL 32738			
2. Principal Place of Business 321 S. Churchill Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 321 S. Churchill Dr. <small>Suite, Apt. #, etc.</small>		08152005 Chg-P CR2E034 (10/03)			
City & State St. Augustine, FL.		City & State St. Augustine, FL.		4. FEI Number 55-0845900			
Zip 32086		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERTSON, MALCOLM S 2509 TIPTON COURT DELTONA, FL 32738				7. Name and Address of New Registered Agent Name Malcolm S. Robertson Street Address (P.O. Box Number is Not Acceptable) 321 S. Churchill Dr. City St. Augustine FL Zip Code 32086			
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: <u><i>Malcolm S. Robertson</i></u> Malcolm S. Robertson 8-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		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 D NAME ROBERTSON, MALCOLM S. STREET ADDRESS 2509 TIPTON CT. CITY-ST-ZIP DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE 321 S. Churchill Dr. NAME St. Augustine FL. STREET ADDRESS 32086 CITY-ST-ZIP 08/22/05-01065--021 \$61.25	<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			
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			
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			
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Malcolm S. Robertson</i></u> Malcolm S. Robertson				8-15-05 (386) 747-5440			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			