

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118440

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: BRUCE BIVENS MAINTENANCE, INC.

## Current Principal Place of Business:

4324 STAGHORN DRIVE  
LAKELAND, FL 33810 US

## New Principal Place of Business:

## Current Mailing Address:

4324 STAGHORN DRIVE  
LAKELAND, FL 33810 US

## New Mailing Address:

FEI Number: 20-0321691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BIVINS, BRUCE  
4324 STAGHORN DRIVE  
LAKELAND, FL 33810 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BIVINS, BRUCE  
Address: 4324 STAGHORN DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BIVINS, KATHY  
Address: 4324 STAGHORN DR  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY BIVINS

VP

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date