

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141368

FILED
Feb 07, 2007
Secretary of State

Entity Name: C STORE MAINTENANCE INC.

Current Principal Place of Business:

1135 PONCE DELEON BLVD
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 733
BROOKSVILLE, FL 34605 US

New Mailing Address:

FEI Number: 65-1211551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 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: PRES () Delete
Name: LACERDA, DAVID
Address: 523 HICKORY ST.
City-St-Zip: BROOKSVILLE, FL 34601 US

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

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

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: FILKINS, GEORGE N
Address: 1205 CHESTERFIELD CT
City-St-Zip: EUSTIS, FL 32726 US

Title: TREA () Change (X) Addition
Name: LACERDA, DAVID
Address: 523 HICKORY ST
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: SEC () Change (X) Addition
Name: FILKINS, GEORGE N
Address: 1205 CHESTERFIELD CT
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID LACERDA

PRES

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date