## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000141368

Title:

Name:

Address:

City-St-Zip:

SEC

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FILKINS, GEORGE N

EUSTIS, FL 32726

1205 CHESTERFIELD CT

Entity Name: C STORE MAINTENANCE INC.

FILED Mar 23, 2009 Secretary of State

1135 PONC	incipal Place of DE DELEON BL ILLE, FL 34601	VD	New Principal Place of Business:			
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 733 BROOKSVILLE, FL 34605 US						
FEI Number:	65-1211551	FEI Number Applied For ( ) FEI N	umber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 336123425 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () E LACERDA, DAVII 523 HICKORY ST BROOKSVILLE, I	Г.	Title: Name: Address: City-St-Zip:	PRES (X) LACERDA, DAV 523 HICKORY S BROOKSVILLE,	ST.	
Title: Name: Address: City-St-Zip:	VP () E FILKINS, GEORG 1205 CHESTERF EUSTIS, FL 327	FIELD CT	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TREA () I LACERDA, DAVII 523 HICKORY S' BROOKSVILLE,	Г	Title: Name: Address: City-St-Zip:	TREA (X) LACERDA, DAV 523 HICKORY S BROOKSVILLE,	ST	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID LACERDA PRES 03/23/2009

() Change () Addition