

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000004882**

1. Entity Name  
**ROTATTECH MAINTENANCE SERVICES, INC.**



Principal Place of Business  
**986 HYANNIS PORT DRIVE  
JACKSONVILLE, FL 32255**

Mailing Address  
**P.O. BOX 551652  
JACKSONVILLE, FL 32255-1652**



04222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0596191**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LEPRELL, SAMUEL L  
1930 SAN MARCO BLVD SUITE 201  
ST MARK'S PLACE  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
JACKSON, ADRIAN D  
9745 TOUCHTON RD, UNIT 2225  
JACKSONVILLE, FL 32246**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BYRD-STROZIER, JOYCE O  
986 HYANNIS PORT DR  
JACKSONVILLE, FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000536027  
05/08/06-80076-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** ADRIAN D. JACKSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2006 904-221-6119  
Date Daytime Phone #