

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000105510

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MAINTENANCE & RELIABILITY TECHNOLOGIES, INC.

**Current Principal Place of Business:**

1989 US HWY 17 SOUTH  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2286  
BARTOW, FL 338312286 US

**New Mailing Address:**

**FEI Number:** 42-1637629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RADFORD, ROBERT M  
485 80-FT ROAD  
BARTOW, FL 33830 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RADFORD, ROBERT M  
Address: 485 80-FT ROAD  
City-St-Zip: BARTOW, FL 33830 US

Title: VP  
Name: THURMAN, MARTY D  
Address: 4702 1ST STREET NW  
City-St-Zip: LAKELAND, FL 33810 US

Title: STD  
Name: SOLOMON, E RAE  
Address: 5129 BONNYBROOK DR E  
City-St-Zip: LAKELAND, FL 338111629 US

I hereby 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 all other like empowered.

SIGNATURE: E RAE SOLOMON

S/T

02/09/2012

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

\_\_\_\_\_  
Date