


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90103 007 ***150.00

DOCUMENT # P04000122508 1. Entity Name C.R.T. MAINTENANCE, INC.			
Principal Place of Business 101425 OVERSEAS HWY. KEY LARGO, FL 33037		Mailing Address 101425 OVERSEAS HWY. KEY LARGO, FL 33037	
2. Principal Place of Business 1240 KIMBALL RD Suite, Apt. #, etc.		3. Mailing Address 1240 KIMBALL RD Suite, Apt. #, etc.	
City & State Venice FL		City & State Venice FL 34293	
Zip 34293		Country US	
4. FEI Number 03-0547930		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORSON, CHESTEL R 101425 OVERSEAS HWY. KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1240 KIMBALL RD City Venice FL Zip Code 34293	
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 <u><i>Chestel R. Thorson</i></u> <u><i>CHESTEL THORSON</i></u> <u><i>1/18/2006</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THORSON, CHESTEL R 101425 OVERSEAS HWY. KEY LARGO, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1240 KIMBALL RD Venice FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <u><i>Chestel R. Thorson</i></u> <u><i>CHESTEL THORSON</i></u> <u><i>1/18/2006</i></u> <u><i>941-441-8581</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	