## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 03, 2006 8:00 am Secretary of State

	<del></del>					- P	,		
DOCUMENT # P05000024312 1. Entity Name					3.		tary of		
R & S GENERAL MAINTENANCE, INC.						05-06-200	30 20120 041	130.00	
Principal Place of Business Mailing Address									
22725 SE HAWTHORN	AWTHORNE RD IE FL 32640	22725 SE HAWTHORNE RD HAWTHORNE FL 32640							
Principal Place of Business					1 200	BYEN IN BUILD ONLI BEIN I	AM AROJ CAUR DAN RURA (RA	130) O DEIEN GIED	
Suite, Apt. #. etc.		Suite, Apt. #, etc.		15	1 MOORE	CR2E034 (10/0	95)		
City & State		City & State			4. FEI Numb	"59-37	97720	Applied For Not Applicable	
Zip	Country	Zıp	Country	,	5. Certificate	of Status Desire	d □ \$8.75 Fee Re	5 Additional quired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CONTOCA AMETERNA DIA				Name					
184	EGEL & UTRERA, P.A. 0 SW 22 ST 4TH FL MI FL 33145			Street Address (F	Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33143								
	-1		City				FL Zir	Code	
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, 1 am familiar with, and accept the obligations of registered agent.									
SIGNATURE	Signature, hyperi or primed name of registered agent	and take a sophication (NIOTE	F- Reculered A	Ngerk signature required	when renesalmen		DATE		
National Section	ILE NOW!!! FEE IS \$150.00	N. 60 N. C.							
After May 1, 2006 Fee Will Be \$550.00 - Make Check Payable to Florida Department of State							npaign Financing Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS 11		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PSTD	☐ Deletæ	TIPLE				<b>□</b> ⇔	ange 🔲 Addition	
NAME STREET ADDRESS	STANSBERRY, ROBERT E 22725 SE HAWTHORNE RD		name Street	ADDRESS					
CITY-ST-ZIP	HAWTHORNE FL 32640		CITY-S	T-ZIP					
TITLE		☐ Delete	TITLE				□ Ch	ange Addition	
STREET ADDRESS			NAME Street	ADDRESS					
CITY-ST-ZIP			CITY-S	1				}	
TITLE		☐ Defete	tmus		-		Ch	ange 🔲 Addition	
STREET ADDRESS	··		STREET	ADDRESS	-			1	
CITY-S1-ZIP			CITY-S						
DITE		☐ Delete	TITLE				□ Ch	ange Addition	
STREET ADDRESS			MAME	ADDRESS					
CITY-ST-ZIP			CITY-S						
IIILE		☐ Delete	TTLE				Ch	ange [] Addition	
NAME Street Address			HAME	ADDRESS				į	
CITY-ST-ZEP	}		CITY-S	1					
TITLE		☐ Delete	TITLE	<del></del>		<del></del>	□ Ch	ange Addition	
NAME			NAME				-	_	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T. 7/P					
	certify that the information supplied with	th this films does not quality i			d in Section 1	9 Florida Statute	s I further certify that	the information	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated in 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: SIGNATURE AND TYPED OR PRINTED NAME OF SHOPPY OF DEPOTOR DATE STORY 2-20-06 352 4414 1312