## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 AM Secretary of State

1. Entity Name

CUSTODIAL MAINTENANCE, INC.



Principal Place of Business

4550 N. LAKE DR. SARASOTA, FL 34232 Mailing Address

4550 N. LAKE DR. SARASOTA, FL 34232



## DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

75-3192940

4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Registered	Agent

DESORMIER, NORMAN 4550 N. LAKE DR. SARASOTA, FL 34232

## 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 little if	applicable (NOTE Registered Ag	gent signature re	equired when reinstating)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees	•				
10.	OFFICERS AND DIREC	TORS			<u> </u>				
TITLE NAME STREET ADORESS CITY-ST-ZIP	D DESORMIER, NORMAN 4550 N. LAKE DR, SARASOTA, FL 34232			٠	112222221255				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000640559 02/28/07-80072-001 150.00				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY+ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. Thereby certify that the information supplied with this filling 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** 

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB-16, 2007

941-342.9683