

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000165649

1. Entity Name  
 TWO B'S MAINTENANCE, INC.



Principal Place of Business  
 36940 LESLYE LANE  
 EUSTIS, FL 32736

Mailing Address  
 36940 LESLYE LANE  
 EUSTIS, FL 32736



02262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3919455	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BITNER, ROBERT O  
 36940 LESLYE LANE  
 EUSTIS, FL 32736

**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 reinstating)

1100000255332

04/01/08-80041-008 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	DPT BITNER, ROBERT O 36940 LESLYE LANE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BITNER, ROBERT O JR 36940 LESLYE LANE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMS, RANDY C 24744 LEONARD WAY EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Robert O. Bitner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-11-08*

Date

*351-450-9547*

Daytime Phone #