


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000001183 1. Entity Name EAST ORLANDO PROPERTY MAINTENANCE, INC.	
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Principal Place of Business 917 OAK FOREST DR WINTER SPRINGS, FL 32708	Mailing Address 917 OAK FOREST DR WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0563213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWMAN V, SAM H
 917 OAK FOREST DR
 WINTER SPRINGS, FL 32708

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000940893
 05/28/08-80084-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOWMAN V, SAM H 917 OAK FOREST DR WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOWMAN, BLAKE A 917 OAK FOREST DR WINTER SPRINGS, FL 32708
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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: *Sam Bowman* 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #