

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 047 ***150.00

DOCUMENT # P06000007483 1. Entity Name D & T MAINTENANCE, INC.			
Principal Place of Business 6286 MOSELEY ST STE 4 HOLLYWOOD, FL 33024 US		Mailing Address 6286 MOSELEY ST STE 4 HOLLYWOOD, FL 33024 US	
2. Principal Place of Business - No P.O. Box # 243 ABELLO RD. S.E.		3. Mailing Address 113 N. FEDERAL HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BAY, FL.		City & State DANIA B.H., FL.	
Zip 32909		Zip 33004	
Country		Country	
4. FEI Number 20-4153807		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, GERALD J 113 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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. 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) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P,T JACQUES, DOUGLAS L 6286 MOSELEY ST STE 4 HOLLYWOOD, FL 33024	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D JACQUES, TIMOTHY J 6286 MOSELEY ST STE 4 HOLLYWOOD, FL 33024	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACQUES, TIMOTHY J 6286 MOSELEY ST STE 4 HOLLYWOOD, FL 33024	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GERALD ADAMS-REG. AGENT Date 4-30-07 Daytime Phone #	