

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032327

Entity Name: ALWAYS MAINTAIN, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

18251 PINE NUT CT.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

18251 PINE NUT CT.
LEHIGH ACRES, FL 33972

Current Mailing Address:

18251 PINE NUT CT.
LEHIGH ACRES, FL 33936

New Mailing Address:

18251 PINE NUT CT.
LEHIGH ACRES, FL 33972

FEI Number: 33-1134654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOHN SR.
8661 NW 24 ST.
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAMS, JOHN JR.
Address: 18251 PINE NUT CT.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DV () Delete
Name: DEGENHARDT, CHRISTINE
Address: 18251 PINE NUT CT.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DS () Delete
Name: ADAMS, JOHN
Address: 8661 NW 24 ST.
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ADAMS, JOHN JR.
Address: 18251 PINE NUT CT.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DV (X) Change () Addition
Name: DEGENHARDT, CHRISTINE
Address: 18251 PINE NUT CT.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. ADAMS JR

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date