

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088114

FILED
Apr 30, 2009
Secretary of State

Entity Name: GM MAINTENANCE ENTERPRISES, INC.

Current Principal Place of Business:

10453 CANOE BROOK CIRCLE
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

10453 CANOE BROOK CIRCLE
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 59-2597206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, TAMMY PRES.
10453 CANOE BROOK CIRCLE
BOCA RATON, FL 33498 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: P () Delete
Name: ANDERSON, TAMMY
Address: 10453 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498 US

Title: S () Delete
Name: MCDONALD, MERLE M
Address: 8651 PALOMINO DR
City-St-Zip: LAKE WORTH, FL 33467

Title: TRES () Delete
Name: ANDERSON, SPENSER
Address: 10453 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: VP () Delete
Name: MCDONALD, ROBYN
Address: 10453 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TAMMY ANDERSON

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date