

2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2007-90001-032-\$150.00-\$150.00

FILED

07 OCT 11 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000129984

1. Entity Name
S & B MAINTENANCE CORP.



Principal Place of Business
16020 NE 4 AVE.
N. MIAMI BEACH, FL 33162

Mailing Address
16020 NE 4 AVE.
N. MIAMI BEACH, FL 33162

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0977396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCKETT, STEPHEN
16020 NE 4 AVE.
N. MIAMI BEACH, FL 33162

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP
NAME: BROCKETT, STEPHEN
STREET ADDRESS: 16020 NE 4 AVE.
CITY-ST-ZIP: N. MIAMI BEACH, FL 33162

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

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NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

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: S. Brockett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07
Date

Daytime Phone #