2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P06000155001

Entity Name: REPAIR & MAINTENANCE SERVICES, INC.

Current Principal Place of Business:

21202 OLEAN BLVD
A-4
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

21202 OLEAN BLVD
A-4
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 20-5964471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STARKEY, LAURIE
5511 LINDA DRIVE
NORTH PORT, FL 34286 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,S ( ) Delete
Name: STARKEY, LAURIE
Address: 5511 LINDA DRIVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: T ( ) Delete
Name: STARKEY, LAURIE
Address: 5511 LINDA DRIVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP ( ) Delete
Name: STARKEY, MARK P
Address: 5511 LINDA DRIVE
City-St-Zip: PORT CHARLOTTE, FL 34286 US

Title: VP ( ) Delete
Name: ZOBEL, ROBERT A
Address: 4841 HIGH TOWER ROAD
City-St-Zip: NORTH PORT, FL 34288 US

Title: VP ( ) Delete
Name: BOGGESS, STEVEN M
Address: 2310 CHILCOTE TERR.
City-St-Zip: PORT CHARLOTTE, FL 33981 US

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:

Title: VP (X) Change ( ) Addition
Name: BOGGESS, STEVEN M
Address: 2552 HOBBLEBRUSH DR
City-St-Zip: NORTH PORT, FL 34289 US

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: LAURIE STARKEY P 04/17/2008

Electronic Signature of Signing Officer or Director — Date