

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000068329

FILED
Oct 30, 2009
Secretary of State

Entity Name: 24/7 MAINTENANCE REPAIR AND SERVICE INC.

Current Principal Place of Business:

45824 OHIO ST.
PAISLEY, FL 32767 US

New Principal Place of Business:

Current Mailing Address:

45824 OHIO ST.
PAISLEY, FL 32767 US

New Mailing Address:

FEI Number: 26-3125361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, BRADFORD H
45824 OHIO ST.
PAISLEY, FL 32767 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, BRADFORD H
Address: 45824 OHIO ST.
City-St-Zip: PAISLEY, FL 32767 US

Title: VP () Delete
Name: MARTIN, EILEEN M
Address: 45824 OHIO ST.
City-St-Zip: PAISLEY, FL 32767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: SWANN, MARTIN M
Address: 4415 S.R. 11
City-St-Zip: DELEON SPRINGS, FL 32130 VO

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: EILEEN MARTIN

V.P.

10/30/2009

Electronic Signature of Signing Officer or Director

Date