

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90239 033 ***150.00

DOCUMENT # P96000047050

1. Entity Name
MAINTENANCE MATERIALS RESOURCE
INCORPORATED



Principal Place of Business
12745 49TH STREET NORTH
CLEARWATER, FL 33762

Mailing Address
12745 49TH STREET NORTH
CLEARWATER, FL 33762

2. Principal Place of Business
2915 166 Ave N
Suite, Apt. #, etc.

3. Mailing Address
PO Box 18080
Suite, Apt. #, etc.



01112006 Chg-P CR2E034 (11/05)

City & State
Clearwater FL
Zip 33760 Country

City & State
Clearwater FL
Zip 33762 Country

4. FEI Number
59-3387926
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKHART, PATRICIA
12745- 49TH ST. NORTH
CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2915 166 Ave N
City Clearwater FL Zip Code 33760

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BURKHART, PATRICIA A
STREET ADDRESS 12745 49TH STREET NORTH
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2915 166 Ave N
CITY-ST-ZIP Clearwater, FL 33760

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Patricia Burkhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 727-423-2644
Date Daytime Phone