

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000057736

1. Entity Name
FAIRMAN MAINTENANCE CORP.



**FILED
Mar 22, 2006 8:00 am
Secretary of State**

03-22-2006 90025 026 ***150.00

Principal Place of Business
96 BEAVERDAM LN
PALM COAST, FL 32137

Mailing Address

96 BEAVERDAM LN
PALM COAST, FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3499713	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

AAA BUSINESS & TAX SERVICES LLC
4070 HERSCHAS ST HERSCHEL ST
JACKSONVILLE, FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)
4070 HERSCHEL ST

City Jacksonville

FL Zip Code 32210

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

Victoria J Kiley Vice President

2/26/06

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GREBE, CHARLES T
STREET ADDRESS 96 BEAVERDAM LN
CITY-ST-ZIP PALM COAST, FL 32137

Delete

Change Addition

TITLE D
NAME GREBE, PENELOPE
STREET ADDRESS 96 BEAVERDAME LANE
CITY-ST-ZIP PALM COAST, FL 32137

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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: *Charles T. Grebe*

2/26/06 904-377-1687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #