

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P97000057736	
1. Entity Name FAIRMAN MAINTENANCE CORP.	
Principal Place of Business 96 BEAVERDAM LN PALM COAST, FL 32137	Mailing Address 96 BEAVERDAM LN PALM COAST, FL 32137



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3499713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent AAA BUSINESS & TAX SERVICES LLC 4070 HERSCHEL ST JACKSONVILLE, FL 32210	
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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREBE, CHARLES T 96 BEAVERDAM LN PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREBE, PENELOPE 96 BEAVERDAME LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/25/07-80051-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Charles T. Grebe

4/24/07

904.247.8321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #