


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000104530	
1. Entity Name R. S & R MAINTENANCE, INC.	

Principal Place of Business 1050 HOOVER RD WINTER HAVEN, FL 33880	Mailing Address PO BOX 1226 WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3547382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEFLIN, RICKY 4827 CLOVER ROAD AUBURNDALE, FL 33823
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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: _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEFLIN, RICKY 4827 CLOVER ROAD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEFLIN, RICHARD W 515 TANGLEWOOD DRIVE AUBURNDALE, FL 33823
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05/02/08-80023-007 150.00

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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: <u>Ricky Hefflin</u>	Date <u>4-15-08</u>	Daytime Phone # <u>(863) 665-2304</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		