


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 041 ***150.00

DOCUMENT # P99000090985	
1. Entity Name TOTAL MAINTENANCE, INC.	

Principal Place of Business 12431 ANTILLE DR. BOCA RATON, FL 33428	Mailing Address 12431 ANTILLE DR. BOCA RATON, FL 33428
--	--

2. Principal Place of Business - No P.O. Box # 6560 Park Lane W	3. Mailing Address 6560 Park Lane W
Suite, Apt. #, etc. Lake Worth	Suite, Apt. #, etc.
City & State FL	City & State Lake Worth FL
Zip 33449	Country Palm Beach
Zip 33449	Country Palm Beach

4000



01162008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0969442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS & THOMAS 240 WEST PALMETTO PARK ROAD SUITE 210 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Nancy Cabezas Street Address (P.O. Box Number is Not Acceptable) 6560 Park Lane W City Lake Worth FL Zip Code 33449
--	---

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: *Nancy Cabezas* DATE: 1/16/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTP CABEZAS, NANCY 12431 ANTILLE DR. BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTP cabezas, Nancy 6560 Park Lane W Lake Worth FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CABEZAS, NANCY 12431 ANTILLE DR BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S cabezas, Nancy 6560 Park Lane W Lake Worth, FL 33449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy Cabezas* DATE: 1/16/08 DAYTIME PHONE: 561 921-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR