

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006962

FILED
Mar 07, 2008
Secretary of State

Entity Name: R & D MAINTENANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

475 RIDGELAWN RD.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

475 RIDGELAWN RD.
CLEWISTON, FL 33440

New Mailing Address:

P.O. BOX 815
HENNESSEY, OK 73742

FEI Number: 73-1098539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECRONE, ANDRE M
475 RIDGELAWN RD.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLS, GARY W
Address: 1014 CANARY LANE
City-St-Zip: ENID, OK 73703

Title: VD () Delete
Name: FULKERSON, JERRY D
Address: RR #1, BOX 43
City-St-Zip: HENNESSEY, OK 73742

Title: TD () Delete
Name: MILLS, DONNA L
Address: 1014 CANARY LANE
City-St-Zip: ENID, OK 73703

Title: SD () Delete
Name: FULKERSON, KAY L
Address: RR#1, BOX 43
City-St-Zip: HENNESSEY, OK 73742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. MILLS

PRES

03/07/2008

Electronic Signature of Signing Officer or Director

_____ Date