


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90035 036 \*\*\*150.00

<b>DOCUMENT # 255191</b>					
1. Entity Name <b>MAYFAIR PLAZA INC</b>					
Principal Place of Business <b>875 SE MONTEREY COMMONS BLVD STUART, FL 34996</b>			Mailing Address <b>875 SE MONTEREY COMMONS BLVD STUART, FL 34996</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1002088</b>	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRUNER, JAMES K 875 SE MONTEREY COMMONS BLVD STUART, FL 34996</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete	TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNER, JAMES K</b>		NAME	<b>Bruner, James K.</b>	
STREET ADDRESS	<b>875 SE MONTEREY COMMONS BLVD</b>		STREET ADDRESS	<b>875 SE Monterey Commons Blvd.</b>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP	<b>Stuart, FL 34996</b>	
TITLE	<b>PSD</b>	<input type="checkbox"/> Delete	TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNER, JEFFREY C</b>		NAME	<b>Bruner, Jeffrey C.</b>	
STREET ADDRESS	<b>282 SE HARBOR POINT DRIVE</b>		STREET ADDRESS	<b>875 SE Monterey Commons Blvd.</b>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP	<b>Stuart, FL 34996</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNER, DAVID W</b>		NAME		
STREET ADDRESS	<b>802 STAFFORD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUEGER, GERALDINE</b>		NAME		
STREET ADDRESS	<b>260 SE CARDINAL WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIMMELL, ANNE</b>		NAME		
STREET ADDRESS	<b>1170 SE OCEAN BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James K Bruner</i>		DATE: <b>2.15.07</b>		DAYTIME PHONE: <b>(972) 283-4774</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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