2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT II DOCOCCACOAC			Secretary of Stat	
DOCUMENT #.P95000045843 1. Entity Name MICHAEL C. MAYO, INC.				J
WHOTIALE O. WATO, INO.				
Principal Place of Business	Mailing Address	1.		
14923 SW MIKE MAYS RD BLOUNTSTOWN, FL 32424	14923 SW MIKE MAYS RD Blountstown, Fl 32424			
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The second section is a second	English		59-3321040	Not Applicable \$8.75 Additional
,	in the second property of the	·	5. Certificate of Status Desired	Fee Required
6. Name and Address of Co	urrent Registered Agent		and successful the	نجموز که دید
MAYO, MICHAEL C 14923 SOUTHWEST MIKE MAYO ROAD BLOUNTSTOWN, FL 32424		to plan was	DO NOT WRIT	ΓΕ΄ ^{γιν}
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			and the state of t	3
The above named entity submits this stated the obligations of registered agent.	nent for the purpose of changing its registe	red office or registere	ed agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE				
Signature, typed or printed name of registers	id agent and title if applicable. (NOTE: Register	red Agent signature required	when reinstating) DA	TE
FILE NOW!!! FEE IS \$150.0 After May 1, 2007 Fee will be \$			00 May Be d to Fees	
	S AND DIRECTORS	-		
NAME MAYO, MICHAEL C		, , , , , , , , , , , , , , , , , , ,		
STREET ADDRESS 14923 SOUTHWEST MIKE		Horizott from 188	March & March & March & Street	Control of the Contro
CITY-ST-ZIP BLOUNTSTOWN, FL 3242		- Marina	realist to the party production of	A HOLL ENGLISH OF
NAME				เวิรส์ดีฟิก เมื่อ เก็บเก็บ
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NAME			•	`,
STREET ADDRESS CITY-S1-ZIP		ľ	DO NOT WRI	TE
TITLE		., .	IN THIS SPAC	E
NAME STREET ADDRESS		The same		_

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes I further certify that the information indicated on this report or supplemental eport is truly 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 trulies employed 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 attaching my with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 desT

4/07

850-545-67

Daytime Phone #