2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 Al Secretary of State **DOCUMENT # P95000045843** 1. Entity Name MICHAEL C. MAYO, INC. Principal Place of Business Mailing Address 14923 SW MIKE MAYS RD 14923 SW MIKE MAYS RD BLOUNTSTOWN, FL 32424 BLOUNTSTOWN, FL. 32424 CR2E034 (11/05) 01172008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3321040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE MAYO, MICHAEL C 14923 SOUTHWEST MIKE MAYO ROAD BLOUNTSTOWN, FL 32424 HIS SPACE 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAYO, MICHAEL C NAME STREET ADDRESS 14923 SOUTHWEST MIKE MAYO ROAD CITY-SI-ZIP BLOUNTSTOWN, FL 32424 U00000790351 🦥 TITLE -- D1/23/08_80030;024 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. It 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 without address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 / B50 545-8789 Date | Davime Phone #