

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90027 025 \*\*\*150.00

**DOCUMENT # 255191**

1. Entity Name  
**MAYFAIR PLAZA INC**



Principal Place of Business  
**875 SE MONTEREY COMMONS BLVD  
STUART, FL 34996**

Mailing Address  
**875 SE MONTEREY COMMONS BLVD  
STUART, FL 34996**

**50007152**



03212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1002088**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNER, JAMES K  
875 SE MONTEREY COMMONS BLVD  
STUART, FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	BRUNER, JAMES K	
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	BRUNER, JEFFREY C	
STREET ADDRESS	282 SE HARBOR POINT DRIVE	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNER, DAVID W	
STREET ADDRESS	802 STAFFORD DRIVE	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUEGER, GERALDINE	
STREET ADDRESS	260 SE CARDINAL WAY	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRUEGER, KARL J JR	
STREET ADDRESS	312 EGRET PLACE	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Stimmell	
STREET ADDRESS	1170 S.E. Ocean Blvd.	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*James K. Bruner*

James K. Bruner

3.23.06

772-283-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #