

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 255191

**FILED  
Mar 01, 2018  
Secretary of State  
CC5064203506**

**Entity Name:** MAYFAIR PLAZA INC

**Current Principal Place of Business:**

875 SE MONTEREY COMMONS BLVD  
STUART, FL 34996

**Current Mailing Address:**

875 SE MONTEREY COMMONS BLVD  
STUART, FL 34996

**FEI Number:** 59-1002088

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title           DIRECTOR, VP, SECRETARY  
Name           BRUNER, JAMES K  
Address        875 SE MONTEREY COMMONS BLVD  
City-State-Zip: STUART FL 34996

Title           DIRECTOR, PRESIDENT, TREASURER  
Name           BRUNER, JEFFREY C  
Address        969 SE FEDERAL HIGHWAY, SUITE  
                  302  
City-State-Zip: STUART FL 34994

Title           D  
Name           KRUEGER, WILLIAM  
Address        615 KRUEGER PARKWAY  
City-State-Zip: STUART FL 34996

Title           D  
Name           STIMMELL, ANNE  
Address        1170 SE OCEAN BLVD  
City-State-Zip: STUART FL 34996

Title           DIRECTOR  
Name           BRUNER, DAVID JAMES  
Address        8060 SE PAULSON AVE  
City-State-Zip: STUART FL 34997

*I hereby 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 all other like empowered.*

**SIGNATURE:** JEFFREY C. BRUNER

**PRESIDENT**

**03/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date