


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 003110 1. Entity Name MAYES PRINTING COMPANY	
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Principal Place of Business 6120 N. PENSACOLA BLVD. PENSACOLA, FL 32505	Mailing Address P.O. BOX 1952 PENSACOLA, FL 32591
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0349550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PHELPS, JOHN F 6120 N. PENSACOLA BLVD. PENSACOLA, FL 32505

**DO NOT WRITE
IN THIS 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY- ST- ZIP	PD PHELPS, JOHN F 406 N SUNSET BLVD GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PHELPS, ANN L 406 N SUNSET BLVD GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JONES, STEPHEN C 6121 CONFEDERATE DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ann L Phelps Ann L Phelps 5/1/06 2-24-06 850-477-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #