

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 200957

Entity Name: MAY BROS INC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

315 SR 19
UMATILLA, FL 32784

New Principal Place of Business:

37315 SR 19
UMATILLA, FL 32784

Current Mailing Address:

PO BOX 350417
GRAND ISLAND, FL 32735

New Mailing Address:

PO BOX 2267
UMATILLA, FL 32784

FEI Number: 59-0833257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEY, LEE CPA
201 NORTH 2ND STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WHITAKER,JOHN
Address: P.O. BOX 355 COUNTY RD. 452
City-St-Zip: GRAND ISLAND, FL

Title: SD () Delete
Name: MAY,AGNES
Address: P.O. BOX 2267 210 W OCALA ST.
City-St-Zip: UMATILLA, FL

Title: TD () Delete
Name: WHITAKER, BETTE
Address: P.O. BOX 355 COUNTY RD 452
City-St-Zip: GRAND ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WHITAKER,JOHN C.
Address: P.O. BOX 350417
City-St-Zip: GRAND ISLAND, FL 32735

Title: SD (X) Change () Addition
Name: MAY,AGNES
Address: P.O. BOX 2267 210 W OCALA ST.
City-St-Zip: UMATILLA, FL 32784

Title: TD (X) Change () Addition
Name: WHITAKER, THOMAS B.
Address: P.O. BOX 2267
City-St-Zip: UMATILLA, FL 32784

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN C. WHITAKER

MR.

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date