2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 255191

Title:

Name:

Address:

FILED Apr 06, 2009 Secretary of State

Entity Name: MAYFAIR PLAZA INC						
Current Principal Place of Business:			New Principal Place of Business:			
875 SE MONTEREY COMMONS BLVD STUART, FL 34996						
Current Mailing Address:			New Mailing Address:			
875 SE MC STUART, I		MMONS BLVD				
FEI Number: 59-1002088 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:		
BRUNER, 875 SE MC STUART, I	INTEREY CO	MMONS BLVD JS				
	named entity s of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR						
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	PSD ()	Delete	Title:	VTD (Y\ Change () Addition	
Name:	BRUNER, JAME	Delete S K	Name:	BRUNER, JAI	X) Change ()Addition MFS K	
Address:		REY COMMONS BLVD	Address:		TEREY COMMONS BLVD	
City-St-Zip:	STUART, FL 34		City-St-Zip:	STUART, FL		
Title:	VTD ()	Delete	Title:	PSD (X) Change () Addition	
Name:	BRUNER, JEFF		Name:	BRUNER, JEI	- , ,	
Address:		R POINT DRIVE	Address:		ZIER COURT	
City-St-Zip:	STUART, FL 34	1996	City-St-Zip:	STUART, FL	34997	
Title:	D ()	Delete	Title:	D (X) Change () Addition	
Name:	BRUNER, DAVI	DW	Name:	BRUNER, DA	VID W	
Address:	802 STAFFORD		Address:	3501 SW HUI		
City-St-Zip:	STUART, FL 34	1996	City-St-Zip:	OKEECHOBE	E, FL 34974	
Title:	D ()	Delete	Title:	D (X) Change () Addition	
Name:	KRUEGER, GE	RALDINE	Name:	KRUEGER, V	VILLIAM	
Address:	260 SE CARDIN		Address:	615 KRUEGE	R PARKWAY	
City-St-Zip:	STUART, FL 34	1996	City-St-Zip:	STUART, FL	34996	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY C. BRUNER PSD 04/06/2009

() Delete

STIMMELL, ANNE

City-St-Zip: STUART, FL 34996

1170 SE OCEAN BLVD

() Change () Addition