

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 277083

1. Entity Name
MAYS BUILDING OF PLANT CITY, INC.



Principal Place of Business
**PO BOX 789
PLANT CITY, FL 33564-0789 US**

Mailing Address
**PO BOX 789
PLANT CITY, FL 33564-0789 US**



03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1088226

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAYS, KIRK E.
114 E HAINES ST
PLANT CITY, FL 33566**

**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

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, 2004 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
MAYS, JAMES ARDEN, JR.
114 E HAINES ST
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCINTYRE, SANDRA MAYS
10 SYLVAN LN
HILTON HEAD, SC 29938**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MAYS, KIRK E.
114 E HAINES ST
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
MAYS, KIRK E
114 E HAINES ST
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000098207
03/29/04-80031-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #