


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 277083</b> 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
---	---



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1088226	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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, 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 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	

U00000553342  
05/15/06-80048-007 150.00

**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: AS Mays Date: Apr 1 24/06 (813) 257-6038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #