2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 277083

Title:

Name:

Address:

City-St-Zip:

Entity Name: MAYS BUILDING OF PLANT CITY, INC

FILED Apr 13, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
PO BOX 789 PLANT CITY, FL 335640789 US			114 E DR MLK JR BLVD PLANT CITY, FL 33563	US	
Current Mailing Address:			New Mailing Address:		
PO BOX 789 PLANT CITY, FL 335640789 US			114 E DR MLK JR BLVD PLANT CITY, FL 33563	US	
FEI Number:	59-1088226	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
MAYS, KIR 114 E HAIN PLANT CIT		US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MAYS, JAMES A 114 E HAINES S PLANT CITY, FL	ST	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () MCINTYRE, SAI 10 SYLVAN LN HILTON HEAD,		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MAYS,KIRK E. 114 E HAINES S PLANT CITY, FL		Title: () Name: Address: City-St-Zip:	Change () Addition	

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: KIRK E MAYS PD 04/13/2009

() Delete

MAYS, KIRK E

114 E HAINES ST

PLANT CITY, FL 33566

() Change () Addition