

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 607314

1. Entity Name
MAYO CONTRACTING, INC.



FILED
Mar 31, 2004 08:00 AM
Secretary of State

Principal Place of Business

1632 S LAKESHORE DR
SARASOTA, FL 34231 US

Mailing Address

1632 S LAKESHORE DR
SARASOTA, FL 34231 US



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1871952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAYO, HOWELL R. JR.
1632 S LAKESHORE DR
SARASOTA, FL 34231

**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

1000000099380

03/31/04-80003-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYO, HOWELL R
STREET ADDRESS 1632 S LAKESHORE DR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE STD
NAME MAYO, MADGE T
STREET ADDRESS 1632 S LAKESHORE DR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE V
NAME WINDLAND, N. BRENT
STREET ADDRESS 2484 S.W. FALCON CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(i), 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:

Howell R. Mayo Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29-04
Date

941-924-7119
Daytime Phone #