


**• 2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 607314		
1. Entity Name MAYO CONTRACTING, INC.		
Principal Place of Business 1632 S LAKESHORE DR SARASOTA, FL 34231 US	Mailing Address 1632 S LAKESHORE DR SARASOTA, FL 34231 US	



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1871952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/02/05-80079-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYO, HOWELL R 1632 S LAKESHORE DR SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAYO, MADGE T 1632 S LAKESHORE DR SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINDLAND, N. BRENT 2484 S.W. FALCON CIRCLE 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)(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: HOWELL R. Mayo **HOWELL MAYO** 1-31-05 941-924-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #