

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685626

FILED
Apr 26, 2005
Secretary of State

Entity Name: MAYO FERTILIZER, INCORPORATED

Current Principal Place of Business:

P.O. BOX 357
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357
MAYO, FL 32066

New Mailing Address:

FEI Number: 59-2015559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, MIKE
MAIN STREET HWY 27 BOX 471
MAYO, FL 32066 US

Name and Address of New Registered Agent:

SHAW, MIKE
581 NE CR 411
MAYO, FL 32066 US

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.

SIGNATURE: MIKE SHAW

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SHAW, FREDA,
Address: MAIN ST HWY 27 BOX 471
City-St-Zip: MAYO, FL 32066

Title: DP () Delete
Name: SHAW, MIKE,
Address: MAIN ST HWY 27 BOX 471
City-St-Zip: MAYO, FL 32066

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: SHAW, FREDA,
Address: 581 NE CR 411
City-St-Zip: MAYO, FL 32066

Title: DP (X) Change () Addition
Name: SHAW, MIKE,
Address: 581 NE CR 411
City-St-Zip: MAYO, FL 32066

Title: DVP () Change (X) Addition
Name: SHAW, MICHAEL K
Address: 638 NW CR 411
City-St-Zip: MAYO, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MIKE SHAW

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date