2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685626

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2007 Secretary of State

Entity Name: MAYO FERTILIZER, INCORPORATED				
Current Principal Place of Business:			New Principal Place of Business:	
P.O. BOX 3 MAYO, FL			300 SE CLYDE STREET MAYO, FL 32066	Т
Current Mailing Address:			New Mailing Address:	
P.O. BOX 3 MAYO, FL				
FEI Number:	59-2015559	FEI Number Applied For () FEI Nu	mber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
SHAW, MIK 581 NE CR MAYO, FL	411			
The above in the State		ubmits this statement for the purpose of	of changing its registered	office or registered agent, or both,
SIGNATUR				
	Electronic	Signature of Registered Agent		Date
Election Cam	paign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:				
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:
OFFICERS Title: Name: Address: City-St-Zip:		Delete		S TO OFFICERS AND DIRECTORS:) Change () Addition
Title: Name: Address:	DS () E SHAW, FREDA, 581 NE CR 411 MAYO, FL 32066	Delete Delete	Title: (Name: Address: City-St-Zip:) Change () Addition X) Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address:	DS () E SHAW, FREDA, 581 NE CR 411 MAYO, FL 32066 DP () E SHAW, MIKE, 581 NE CR 411 MAYO, FL 32066	Delete Delete Delete Collete Collete Collete Collete Collete Collete	Title: (Name: Address: City-St-Zip: Title: DCEO () Name: SHAW, MIKE, Address: 581 NE CR 41 City-St-Zip: MAYO, FL 32) Change () Addition X) Change () Addition 1 066 X) Change () Addition AEL K 11

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:

DCFO

BISH, DALE

2423 SW OPEN SANDS LOOP

GREENVILLE, FL 32331

() Change (X) Addition

SIGNATURE: FREDA SHAW DS 04/28/2007

() Delete