


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90088 040 ***150.00

DOCUMENT # 843380
 1. Entity Name
MAYO COMMUNICATIONS, INC.



Principal Place of Business
2576 SEAFORD CIRCLE #2 TAMPA FL 33613 US

Mailing Address
P.O. BOX 82784 TAMPA FL 33682 US

2. Principal Place of Business
14802 N. FLORIDA AVE
 Suite, Apt. #, etc.
#D-60


3. Mailing Address
 Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33613 Country
US

Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **14-1555949** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MAYO, LINCOLN A.
 2576 SEAFORD CIRCLE #2
 TAMPA FL 33613**

7. Name and Address of New Registered Agent
 Name **LINCOLN A. MAYO**
 Street Address (P.O. Box Number is Not Acceptable)
14802 N. FLORIDA AVE
#D-60
 City **TAMPA** FL Zip Code **33613**

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 *Lincoln A. Mayo* **LINCOLN A. MAYO PRESIDENT** **4-01-05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAYO, LINCOLN A. 2576 SEAFORD CIRCLE #2 TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, GEORGE N. 15400 NAVA ST. HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWNEY, NANCY L. 6445 CARMELLA WAY SARASOTA, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lincoln A. Mayo* **LINCOLN A. MAYO** **4-01-05** **813-264-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #