

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F89621

1. Entity Name

SAMUEL F. MAY JR. AND COMPANY, P. A.



Principal Place of Business

20283 STATE ROAD 7
SUITE 300
BOCA RATON FL 33498
US

Mailing Address

20283 STATE ROAD 7
SUITE 300
BOCA RATON FL 33498
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2216390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAY, SAMUEL F, JR
20283 STATE ROAD 7
SUITE 300
BOCA RATON FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Samuel F May Jr

Samuel F May Jr

3/31/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

DP

☐ Delete

NAME

MAY, SAMUEL F, JR

STREET ADDRESS

20283 STATE ROAD SUITE 300

CITY- ST- ZIP

BOCA RATON FL 33498

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

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04/04/05-80074-014 150.00

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:

Samuel F May Jr

Samuel F May Jr President

3/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #