

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90049 015 \*\*\*150.00

**DOCUMENT # H88527**

1. Entity Name

**MAYO BUILDERS & DEVELOPERS, INC.**



Principal Place of Business

**2607 E TASCHEREAU PATH  
INVERNESS FL 34453-4525**

Mailing Address

**2607 E TASCHEREAU PATH  
INVERNESS FL 34453-4525**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**59-2609741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TASCHEREAU, ROMEO  
2607 E. TASHEREAU PATH  
INVERNESS FL 34453**

7. Name and Address of New Registered Agent

Name **TASCHEREAU PAMELA**

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

**2607 E TASCHEREAU PATH**

City **INVERNESS**

**FL**

Zip Code **34453**

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

**PAMELA TASCHEREAU**

Signature, typed or printed name of registered agent or person responsible

**Pamela Taschereau**

(NOTE: Registered Agent signature required when consolidating)

DATE

**2/8/06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **TASCHEREAU, ROMEO**  
CITY-ST-ZIP **2607 E TASCHEREAU PATH  
INVERNESS FL 34453**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **CARVER, ROBERT J**  
CITY-ST-ZIP **163 BIG OAK LN  
WILDWOOD FL 34875**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

**Pamela Taschereau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/06**

Date

**352-726-7782**

Daytime Phone #