


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90054 004 \*\*\*150.00

**DOCUMENT # J91874**  
 1. Entity Name  
**THE MAYER CORPORATION**



Principal Place of Business      Mailing Address  
 1031 W MORSE BLVD      PO BOX 915588  
 SUITE 325      LONGWOOD FL 32791-5588  
 WINTER PARK FL 32789      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**HARTLEY, CARL W. JR.**  
**200 SOUTH ORANGE AVE**  
**SUITE 2810, SUN BANK TOWER**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 Name **Henry D. Mayer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2278 Springs Landing Blvd.**  
**Longwood, FL 32799**  
 City **Longwood,**      **FL**      Zip Code **32799**

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 *[Signature]*      **Henry D. Mayer**      **2/17/04**  
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, 2004 Fee will be \$350.00**  
**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	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>MAYER, HENRY D.</b>	<b>2278 SPRINGS LANDING</b>	<b>LONGWOOD FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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: *[Signature]*      **PRESIDENT**      **3/1/04**      **407 8694036**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**HENRY D MAYER**



MOORE CR2E034 (11/03)