

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90034 029 ***150.00

DOCUMENT # K46061	
1. Entity Name MAY MANAGEMENT SERVICES, INC.	

Principal Place of Business 5455 HWY A1A SOUTH ST AUGUSTINE FL 32084 US	Mailing Address 5455 HWY A1A SOUTH ST AUGUSTINE FL 32084 US
---	---

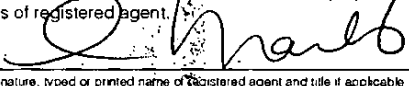


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-2913230		Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKS, ANNIE 5455 HWY A1A SOUTH ST AUGUSTINE FL 32084		7. Name and Address of New Registered Agent 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.

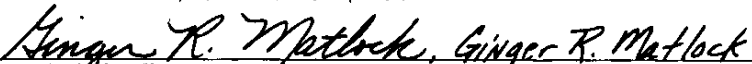
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ARENAS, PAT 15 SYLVAN ST ST. AUGUSTINE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKS, ANNIE 6450 SOLANO FARM RD ELKTON FL 32033 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'NEIL, CYNTHIA H 10 EDGEWATER PLACE PALM COAST FL 32164 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☒ Addition Rebecca R. Good 3562 Equestrian Court Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Change ☒ Addition Ginger R. Matlock 441 Chamberlain Dr. St. Augustine, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **3/28/05 (904) 461-9708**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #