2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # K46061

1. Entity Name
MAY MANAGEMENT SERVICES, INC.

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

02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GOOD, REBECCA A
STREET ADDRESS	3562 EQUESTRIAN COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	P
NAME	MARKS, ANNIE
STREET ADDRESS	6450 SOLANO FARM RD
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	T
NAME	O'NEIL, CYNTHIA H
STREET ADDRESS	10 EDGEWATER PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	S
NAME	MATLOCK, GINGER R
STREET ADDRESS	441 CHAMBERLAIN DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80075-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ginger Matlock 2/26/07 (904)461-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #