

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46061

FILED
Jan 08, 2009
Secretary of State

Entity Name: MAY MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

5455 HWY A1A SOUTH
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

5455 HWY A1A SOUTH
ST AUGUSTINE, FL 32080 US

Current Mailing Address:

5455 HWY A1A SOUTH
ST AUGUSTINE, FL 32084 US

New Mailing Address:

5455 HWY A1A SOUTH
ST AUGUSTINE, FL 32080 US

FEI Number: 59-2913230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, ANNIE
5455 HWY A1A SOUTH
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MATLOCK, GINGER R
Address: 441 CHAMBERLAIN DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P () Delete
Name: MARKS, ANNIE
Address: 6450 SOLANO FARM RD
City-St-Zip: ELKTON, FL 32033

Title: T () Delete
Name: O'NEIL, CYNTHIA H
Address: 10 EDGEWATER PLACE
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: MATLOCK, GINGER R
Address: 441 CHAMBERLAIN DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINGER R. MATLOCK

VP

01/08/2009

Electronic Signature of Signing Officer or Director

Date