
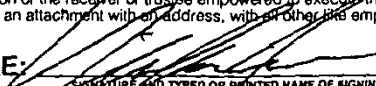


FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90034 017 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L57418			
1. Entity Name MAY FABRICATORS, INC.			
Principal Place of Business 1101 N KELLER RD ORLANDO, FL 32810 US		Mailing Address PO BOX 522378 LONGWOOD, FL 32752 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 521307	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Longwood FL	
Zip	Country	Zip	Country
		32752-1307	SEMINOLE
6. Name and Address of Current Registered Agent GRANT, WILLIAM C 610 N GRANT ST LONGWOOD, FL 32750		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP GRANT, WILLIAM C 610 N GRANT ST LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		1-21-07 409-421-8640	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	