## 2008 FOR PROFIT CORPORATION

**FILED** 

	ANNUAL F	REPORT		. Ja	n 24, 2008 08:00 A
DOCUMENT # L62575  1. Entity Name MAYER REALTY, INC.				Secretary of State	
130 S UNIV SUITE # A	ERSITY DR	Mailing Address 130 S UNIVERSITY DR SUITE A		1	
PLANTATIO	N, FL 33324 US	PLANTATION, FL 33324 US	S 		
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erape per				4. FEI Number 65-0187719	Apolled For Not Applicable
e e			•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Reg	stered Agent		the state of the s	A Section of Contract of Contr
MAYER, THOMAS 130 S UNIVERSITY DR SUITE A PLANTATION, FL 33324				DO NOT V	VRITE
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			IN THIS SPACE		
	e named entity submits this statement for the ations of registered agent.	purpose of changing its registere	ed office or registe	ered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE	Signature, lyped or printed name of registered agent and titl	Hamiltonia (NOT) Prince			DATE
· :	Signatura, typed or printed name of registered agent and till	e ii appiicable. (IAOTC: Hegistered	d Agent signature require	id when reinstating)	DATE
FIL - After M	LE NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>		6.00 May Be ded to Fees	
10.	OFFICERS AND DIRE	CTORS		A STATE OF THE STA	လုပ်သည်။ လူ့လေးသည်။ မောင်သည်။ အကြောင်းသည်။ လုပ်သည်။ ကြုံလုပ်သည်။ အကြောင်းသည်။ အကြောင်းသည်။
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12. Thereby 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: \_

. CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> THOMAS MAY SIGNATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Daytime Phone #