

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90082 027 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT #L89148 1. Entity Name MAYO PLASTICS MANUFACTURING, INC. | | | |
| Principal Place of Business ROUTE 2, BOX 20 MAYO, FL 32066 US | | Mailing Address ROUTE 2, BOX 20 MAYO, FL 32066 US | |
| 2. Principal Place of Business 232 SE Industrial Cir Suite, Apt. #, etc. Suite B | | 3. Mailing Address 232 SE Industrial Cir Suite, Apt. #, etc. Suite B | |
| City & State Mayo, Florida Zip 32066 | | City & State Mayo, Florida Zip 32066 | |
| Country | | Country | |
| 4. FEI Number 59-3067458 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHIVER, ROBIN C., SR. RT 3 BOX 248 COUNTY RD 534C MAYO, FL 32066 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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, 2005 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 | PD SHIVER, ROBIN, C, SR RT. 3, BOX 248 MAYO, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHIVER, VERA, L RT. 3, BOX 248 MAYO, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SHIVER, ROBIN, C, JR RT. 3, BOX 248 MAYO, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Vera L Shiver</u> <u>Vera L Shiver</u> | | Date <u>5-1-05</u> Daytime Phone # <u>386-294-1049</u> | |