2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # L89148

1. Entity Name
MAYO PLASTICS MANUFACTURING, INC.

Principal Place of Business	Mailing Address
232 SE INDUSTRIAL CIRCLE SUITE B MAYO, FL 32066 US	232 SE INDUSTRIAL CIRCLE SUITE B MAYO, FL 32066 US

DO NOT WRITE IN THIS SPACE

05052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3067458

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHIVER, ROBIN, C, SR
STREET ADDRESS	RT. 3, BOX 248
CITY-ST-ZIP	MAYO, FL
TITLE	VD
NAME	SHIVER, VERA, L
STREET ADDRESS	RT. 3, BOX 248
CITY-ST-ZIP	MAYO, FL
TITLE	STD
NAME	SHIVER, ROBIN, C, JR
STREET ADDRESS	RT. 3, BOX 248
CITY-ST-ZIP	MAYO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80136-019 150.00

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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: Vera L Shiver 5-17-06 386-294-1049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #