2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# L89148

Entity Name: MAYO PLASTICS MANUFACTURING, INC.

Current Principal Place of Business:

232 SE INDUSTRIAL CIRCLE
SUITE B
MAYO, FL 32066 US

New Principal Place of Business:

Current Mailing Address:

232 SE INDUSTRIAL CIRCLE
SUITE B
MAYO, FL 32066 US

New Mailing Address:

FEI Number: 59-3067458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVER, ROBIN C., SR.
RT 3 BOX 248
COUNTY RD 534C
MAYO, FL 32066 US

Name and Address of New Registered Agent:

SHIVER, ROBIN C SR
232 SE INDUSTRIAL CIRCLE, SUITE B
MAYO, FL 32066 US

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: ROBIN C SHIVER, SR 05/06/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHIVER, ROBIN, C, SR
Address: RT. 3, BOX 248
City-St-Zip: MAYO, FL

Title: VD ( ) Delete
Name: SHIVER, VERA, L
Address: RT. 3, BOX 248
City-St-Zip: MAYO, FL

Title: STD ( ) Delete
Name: SHIVER, ROBIN, C, JR
Address: RT. 3, BOX 248
City-St-Zip: MAYO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHIVER, ROBIN C SR
Address: 232 SE INDUSTRIAL CIRCLE, SUITE B
City-St-Zip: MAYO, FL 32066 US

Title: VD (X) Change ( ) Addition
Name: SHIVER, VERA L
Address: 232 SE INDUSTRIAL CIRCLE, SUITE B
City-St-Zip: MAYO, FL 32066 US

Title: STD (X) Change ( ) Addition
Name: SHIVER, ROBIN C JR
Address: 232 SE INDUSTRIAL CIRCLE, SUITE B
City-St-Zip: MAYO, FL 32066 US

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: VERA L. SHIVER VD 05/06/2009
Electronic Signature of Signing Officer or Director Date