

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90284 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                            |                                                                                                                                                                              |                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000005965</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                            |                                                                                                                                                                              |                                                                                                                 |  |
| <b>1. Entity Name</b><br>UPWARD OF MAYO, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                            |                                                                                                                                                                              |                                                                                                                 |  |
| <b>Principal Place of Business</b><br>P.O. BOX 58<br>MAYO, FL 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                            | <b>Mailing Address</b><br>P.O. BOX 58<br>MAYO, FL 32066                                                                                                                      |                                                                                                                 |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                              |                                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                              |                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | City & State                                                                               |                                                                                                                                                                              |                                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                              | Zip                                                                                        | Country                                                                                                                                                                      | 04212005    Chg-NP    CR2E037 (10/03)                                                                           |  |
| <b>4. FEI Number</b><br>56-2464489                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                            |                                                                                                                                                                              | <b>Applied For</b><br>Not Applicable                                                                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                            |                                                                                                                                                                              | <b>\$8.75 Additional Fee Required</b>                                                                           |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SINGLETARY, JOHN D<br>226 NW BLOXHAM ST<br>MAYO, FL 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                                 |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                            |                                                                                                                                                                              |                                                                                                                 |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                            |                                                                                                                                                                              |                                                                                                                 |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                              |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                            |                                                                                                                                                                              |                                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                 |                                                                                                                 |  |
| <b>TITLE</b><br>P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>NAME</b><br>SINGLETARY, JOHN D <input type="checkbox"/> Delete    |                                                                                            | <b>TITLE</b><br>P, T                                                                                                                                                         | <b>NAME</b><br>Singletary, John D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>P.O. BOX 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STREET ADDRESS</b><br>P.O. BOX 58                                 |                                                                                            | <b>STREET ADDRESS</b><br>P.O. Box 58                                                                                                                                         | <b>STREET ADDRESS</b><br>P.O. Box 58                                                                            |  |
| <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                 |                                                                                            | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                                                                                         | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                            |  |
| <b>TITLE</b><br>VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>NAME</b><br>SINGLETARY, TINA <input type="checkbox"/> Delete      |                                                                                            | <b>TITLE</b><br>D                                                                                                                                                            | <b>NAME</b><br>Kay Templin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| <b>STREET ADDRESS</b><br>P.O. BOX 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>STREET ADDRESS</b><br>P.O. BOX 58                                 |                                                                                            | <b>STREET ADDRESS</b><br>7349 NW CR 53                                                                                                                                       | <b>STREET ADDRESS</b><br>7349 NW CR 53                                                                          |  |
| <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                 |                                                                                            | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                                                                                         | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                            |  |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>NAME</b><br>BARRINGTON, STEPHANIE <input type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br>D                                                                                                                                                            | <b>NAME</b><br>Mary Ann Pearson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |
| <b>STREET ADDRESS</b><br>3170 NW CR 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STREET ADDRESS</b><br>3170 NW CR 53                               |                                                                                            | <b>STREET ADDRESS</b><br>503 NE Candy Lane                                                                                                                                   | <b>STREET ADDRESS</b><br>503 NE Candy Lane                                                                      |  |
| <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                 |                                                                                            | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                                                                                         | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                            |  |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>NAME</b><br>BARRINGTON, LACRETIA <input type="checkbox"/> Delete  |                                                                                            | <b>TITLE</b><br>D, S                                                                                                                                                         | <b>NAME</b><br>Lisa Moore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |  |
| <b>STREET ADDRESS</b><br>606 SW FREEDOM ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>STREET ADDRESS</b><br>606 SW FREEDOM ROAD                         |                                                                                            | <b>STREET ADDRESS</b><br>2717 SW CR 300                                                                                                                                      | <b>STREET ADDRESS</b><br>2717 SW CR 300                                                                         |  |
| <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                 |                                                                                            | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                                                                                         | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                            |  |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>NAME</b><br>SUNNY, WIMBERLEY <input type="checkbox"/> Delete      |                                                                                            | <b>TITLE</b><br>D                                                                                                                                                            | <b>NAME</b><br>Cathy Palomino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| <b>STREET ADDRESS</b><br>HW 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STREET ADDRESS</b><br>HW 27                                       |                                                                                            | <b>STREET ADDRESS</b><br>P.O. Box 1416                                                                                                                                       | <b>STREET ADDRESS</b><br>P.O. Box 1416                                                                          |  |
| <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CITY-ST-ZIP</b><br>MAYO, FL 32066                                 |                                                                                            | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                                                                                         | <b>CITY-ST-ZIP</b><br>Mayo, FL 32066                                                                            |  |
| <b>TITLE</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>NAME</b><br><input type="checkbox"/> Delete                       |                                                                                            | <b>TITLE</b><br>                                                                                                                                                             | <b>NAME</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| <b>STREET ADDRESS</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STREET ADDRESS</b><br>                                            |                                                                                            | <b>STREET ADDRESS</b><br>                                                                                                                                                    | <b>STREET ADDRESS</b><br>                                                                                       |  |
| <b>CITY-ST-ZIP</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>CITY-ST-ZIP</b><br>                                               |                                                                                            | <b>CITY-ST-ZIP</b><br>                                                                                                                                                       | <b>CITY-ST-ZIP</b><br>                                                                                          |  |
| <b>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 617, 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.</b> |                                                                      |                                                                                            |                                                                                                                                                                              |                                                                                                                 |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                            | 4-25-05    386-294-1040                                                                                                                                                      |                                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                            | <small>Date    Daytime Phone</small>                                                                                                                                         |                                                                                                                 |  |