


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90054 023 ****61.25

DOCUMENT # N04000005965 1. Entity Name UPWARD OF MAYO, INC.					
Principal Place of Business P.O. BOX 58 MAYO, FL 32066			Mailing Address P.O. BOX 58 MAYO, FL 32066		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2464489	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SINGLETARY, JOHN D 226 NW BLOXHAM ST MAYO, FL 32066				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SINGLETARY, JOHN D P.O. BOX 58 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGLETARY, TINA P.O. BOX 58 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Singletary, Tina P.O. Box 58 Mayo, FL 32066	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRINGTON, STEPHANIE 3170 NW CR 53 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRINGTON, LACRETIA 606 SW FREEDOM ROAD MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNNY, WIMBERLEY HW 27 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wimberley, Sunny 10268 W US 27 Mayo, FL 32066	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPLIN, KAY 7349 NW CR 53 MAYO, FL 32066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: <i>John Singletary</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-13-06 Date		386-294-1929 Daytime Phone #