


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90097 029 \*\*\*150.00

<b>DOCUMENT # P03000052066</b> 1. Entity Name <b>MAYO SYSTEMS INC.</b>			
Principal Place of Business <b>660 OLEANDER DR. UNIT C MERRITT ISLAND, FL 32952</b>		Mailing Address <b>660 OLEANDER DR. UNIT C MERRITT ISLAND, FL 32952</b>	
2. Principal Place of Business - No P.O. Box # <b>4145 N. Courtenay Pkwy</b>		3. Mailing Address <b>4145 N. Courtenay</b>	
Suite, Apt. #, etc. <b>Building A</b>		Suite, Apt. #, etc. <b>Bld A</b>	
City & State <b>Merritt Island, FL</b>		City & State <b>M. I FL</b>	
Zip <b>32953</b>		Zip <b>32953</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>01-0783460</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAYO, JOHN M 660 OLEANDER DR. UNIT C MERRITT ISLAND, FL 32952</b>		7. Name and Address of New Registered Agent Name <b>John M. Mayo</b> Street Address (P.O. Box Number is Not Acceptable) <b>4145 N. Courtenay Pkwy Bld A</b> City <b>Merritt Island FL</b> Zip <b>32953</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>MAYO, JOHN MICHAEL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>660 OLEANDER DR. UNIT C</b>	<b>4145 N. Courtenay Pkwy Bld A</b>		
CITY - ST - ZIP <b>MERRITT ISLAND, FL 32952</b>	<b>Merritt Island, FL 32953</b>		
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>CITY - ST - ZIP</b>	<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 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.			
<b>SIGNATURE:</b> _____		<b>01/10/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	