

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90054 005 ***150.00

DOCUMENT # P03000121701	
1. Entity Name JOHNNY MAYS CONSTRUCTION COMPANY	

Principal Place of Business 1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308	Mailing Address 1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308
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40020172



2. Principal Place of Business - No P.O. Box # 5519 West Capps Hwy Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01262007 Chg-P CR2E034 (12/06)

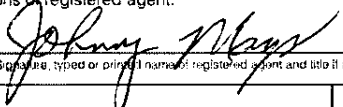
City & State Monticello, FL	City & State
Zip 32344	Country U.S.

4. FEI Number 20-0349535	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

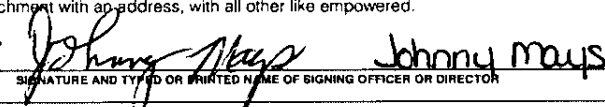
6. Name and Address of Current Registered Agent	
GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308	

7. Name and Address of New Registered Agent	
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: 	DATE: 2-8-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reappointing)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYS, JOHNNY 5519 WEST CAPPS HWY MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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:  Johnny Mays	DATE: 2-8-07 DAYTIME PHONE #: (850) 997-6580