2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90112 036 ***150.00

J00495515

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1. Entity Name
JAIME A MAY AND SONS INC.

Principal Address	Mailing Address
10886 NE 142ND PLACE FT. MCCOY, FL 32134 US	10886 NE 142ND PLACE FT. MCCOY, FL 32134 US

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1778 HWY 27 NORTH	1778 HWY 27 NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COLQUITT, GA	City & State: COLQUITT, GA
Zip: 39837 / Country	Zip: 39837 / Country

4. FEI Number: 20-0411764 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAY, JAIME A 10886 NE 142ND PLACE FT. MCCOY, FL 32134	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

8. [illegible] the 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 my position as registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAY, JAIME A 10886 NE 142ND PLACE FT. MCCOY, FL 32134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1778 HWY 27 NORTH COLQUITT, GA 39837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAY, ELIZABETH M 10886 NE 142ND PLACE FORT MC COY, FL 32134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1778 HWY 27 NORTH COLQUITT, GA 39837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Jaime A. May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #