


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 034 ***150.00

DOCUMENT # P03000136161	
1. Entity Name JAIME A MAY AND SONS INC.	

Principal Place of Business 1778 HWY 27TH N COLQUITT, GA 39837 US	Mailing Address 1778 HWY 27TH N COLQUITT, GA 39837 US
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50019491



2. Principal Place of Business 102 PEACE VALLEY LN	3. Mailing Address 102 PEACE VALLEY LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142006 Chg-P CR2E034 (11/05)

City & State COLQUITT, GA	City & State COLQUITT, GA
Zip 39837-6051	Country
Zip 39837-6051	Country

4. FEI Number 20-0411764	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAY, JAIME A 10886 NE 142ND PLACE FT, MCCOY, FL 32134	
7. Name and Address of New Registered Agent Name NELLIE D. WALTER Street Address (P.O. Box Number is Not Acceptable) 23201 NE 103RD AVE City FT MCCOY FL Zip Code 32134	

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PRES MAY, JAIME A 1778 HWY 27 N COLQUITT, GA 39837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 PEACE VALLEY LN COLQUITT, GA 39837-6051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAY, ELIZABETH M 1778 HWY 27 N COLQUITT, GA 39837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 PEACE VALLEY LN COLQUITT, GA 39837-6051
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
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
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
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: Jaime A. May Apr. 29, 2006 229-758-9172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #