
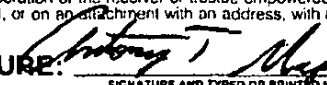


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-21-2006 90020 026 ***150.00

DOCUMENT # P03000156307 1. Entity Name MAYES, INC.					
Principal Place of Business 1342 COLONIAL BLVD BLDG G, UNIT 507 FORT MYERS FL 33907			Mailing Address 1342 COLONIAL BLVD BLDG G, UNIT 507 FORT MYERS FL 33907		
2. Principal Place of Business 10361 Butterfly Palm Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4129 SE 2nd Avenue <small>Suite, Apt. #, etc.</small>			
City & State Fort Myers, Florida		City & State Cape Coral		4. FEI Number 52-2408270	
Zip 33912	Country USA	Zip 33904	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYES, ANTHONY T 10361 BUTTERFLY PALM DRIVE, UNIT 741 FORT MYERS FL 33912				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MAYES, ANTHONY Y T, President <input type="checkbox"/> Delete STREET ADDRESS 10361 BUTTERFLY DR, UNIT 741 CITY- ST- ZIP FORT MYERS FL 33912	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME Lyn Mayes, Vice-President <input type="checkbox"/> Delete STREET ADDRESS 10361 Butterfly Palm Drive CITY- ST- ZIP Fort Myers, FL 33912	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME Karen G. Mayes, Sec/Treasurer <input type="checkbox"/> Delete STREET ADDRESS 4129 SE 2nd Avenue CITY- ST- ZIP Cape Coral, FL 33904	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	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 Section 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:  Anthony T. Mayes 02/07/06 (239) 277-0484 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					



ATTACHMENT

66004295

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

MAYES, INC.
4129 SE 2ND AVE
CAPE CORAL, FL 33904

Subject: MAYES, INC.

Reference Number: P03000156307

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

ATTACHMENT
66004295

March 6, 2006

Florida Department of State
Post Office Box 6327
Tallahassee, FL 32314

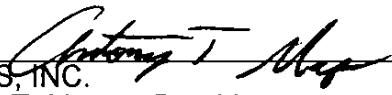
Re: **Correspondence Dated 02/22/06**
2006 Annual Report P03000156307

The following is the requested information for each officer/Director of Mayes, Inc., listed for the above-mentioned 2006 For Profit Corporation Annual Report:

Antony T. Mayes **PRESIDENT**
10361 Butterfly Palm Drive, Unit 741
Fort Myers, FL 33912

Lyn Mayes **VICE-PRESIDENT**
10361 Butterfly Palm Drive, Unit 741
Fort Myers, FL 33912

Karen G. Mayes **SEC/TREASURER**
4129 SE 2nd Avenue
Cape Coral, FL 33904


MAYES, INC.
Antony T. Mayes, President