


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P04000045393

1. Entity Name  
 S.P. MAY, INC.



Principal Place of Business      Mailing Address

5604 TPC BLVD.      5604 TPC BLVD.  
 LUTZ, FL 33558      LUTZ, FL 33558

**DO NOT WRITE IN THIS SPACE**



01122008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 20-0862777      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHECHT, NEIL S ESQ.  
 3630 WEST KENNEDY BLVD.  
 TAMPA, FL 33609

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000856057  
 03/27/08-80076-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASSERI, SIAVOSH 5604 TPC BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAHMASEBI, MAHSHID 5604 TPC BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAHMASEBI, PARVIZ 19144 FERN MEADOW LOOP LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Nasser      2-20-08 (813)-767-2523  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #