


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000144138
 1. Entity Name
 THE MAYES LAW FIRM, P.A.



Principal Place of Business: 913 GULF BREEZE PKWY., STE. 44, GULF BREEZE, FL 32561
 Mailing Address: 913 GULF BREEZE PKWY., STE. 44, GULF BREEZE, FL 32561

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02122007 No Chg-P CR2E034 (11/05)

4. FEI Number: 84-1659343 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAYES, ROBERT J
 913 GULF BREEZE PKWY., STE. 44
 GULF BREEZE, FL 32561

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000637385
 02/26/07-80058-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAYES, ROBERT J
STREET ADDRESS	913 GULF BREEZE PKWY., STE. 44
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	MAYES, JONATHAN R
STREET ADDRESS	913 GULF BREEZE PKWY., STE. 44
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Robert J. Mayes* Date: 2-12-07 850-932-1962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #