


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-03-2006 90252 008 ***150.00

DOCUMENT # P05000035520					
1. Entity Name MAYFAIR DEVELOPMENT GROUP, INC					
Principal Place of Business 517 LITTLE LAKE COURT S.E. WINTER HAVEN, FL 33884 US			Mailing Address 517 LITTLE LAKE COURT S.E. WINTER HAVEN, FL 33884 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEL Number 20-2494987	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOX, TIMOTHY J 517 LITTLE LAKE COURT S.E. WINTER HAVEN, FL 33884			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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: <u><i>Tim Fox</i></u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>4/28/06</u>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGE, TERENCE P 517 LITTLE LAKE COURT S.E. WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, TIMOTHY J 517 LITTLE LAKE COURT S.E. WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
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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: <u><i>Tim Fox</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <u>4/28/06</u> Daytime Phone #					

66019884



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