2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011088

Entity Name: MAY DISTRICT MANAGEMENT, INC.

SAINT AUGUSTINE, FL 32086

City-St-Zip:

FILED Jan 08, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	HWAY A1A SOUTH ISTINE, FL 32084		5455 HIGHWAY A1A SOUTH ST. AUGUSTINE, FL 32080	
Current M	lailing Address:	New Mailing Address:		
5455 HIGHWAY A1A SOUTH ST. AUGUSTINE, FL 32084		5455 HIGHWAY A1A SOUTH ST. AUGUSTINE, FL 32080		
FEI Number Applied For (FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
ST. AUGU	NNA M HWAY A1A SOUTH ISTINE, FL 32084 US Inamed entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			
Electronic Signature of Registered Agent		gent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MARKS, ANNA 6450 SOLANO FARM RD ELKTON, FL 32033	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () Delete MATLOCK, GINGER 441 CHAMBERLAIN DRIVE	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINGER MATLOCK S 01/08/2009