

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092835

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MAY INTERNATIONAL OF CENTRAL FLORIDA INC

## Current Principal Place of Business:

8601 CAVENDISH DRIVE  
KISSIMMEE, FL 34747 US

## New Principal Place of Business:

8603 CAVENDISH DRIVE  
KISSIMMEE, FL 34747 US

## Current Mailing Address:

8601 CAVENDISH DRIVE  
KISSIMMEE, FL 34747 US

## New Mailing Address:

8603 CAVENDISH DRIVE  
KISSIMMEE, FL 34747 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A H GANTT CPA & ASSOCIATES PA  
3359 W VINE ST  
104  
KISSIMMEE, FL 34747 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAY, DANNY  
Address: 8601 CAVENDISH DRIVE  
City-St-Zip: KISSIMMEE, FL 34747 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAY, DANNY  
Address: 8603 CAVENDISH DRIVE  
City-St-Zip: KISSIMMEE, FL 34747 US

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: DANNY MAY

MR

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date