

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90170 037 ***150.00

DOCUMENT # P94000051318
 1. Entity Name
MAY RESORT RENTALS, INC.



Principal Place of Business: **5431 A1A SOUTH STE 103 SAINT AUGUSTINE, FL 32080**
 Mailing Address: **5455 A1A SOUTH ST AUGUSTINE, FL 32080**

54053164

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.



04302004 Chg-P CR2E034 (10/03)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3256458**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
O'NEIL, CYNTHIA H
5455 HWY A1A SOUTH
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST O'NEIL, CYNTHIA 3840 WINTERHAWK COURT ST AUGUSTINE, FL	TITLE	ST O'NEIL, CYNTHIA 10 EDGEWATER PL DAVIA COAST FL 32164
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P MARKS, ANNA 6368 PUTNAM ST ST AUGUSTINE, FL 32084	TITLE	P MARKS, ANNA 6450 SOLAND FARM RD ELLINGTON FL 32033
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cynthia H Steel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 904-461-9708
 Date Daytime Phone #