


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

FILED
07 JUL 20 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03/19/07 90073 001 \$150.00



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3256458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CYNTHIA O'NEIL~~
5455 HWY A1A SOUTH
ST. AUGUSTINE, FL 32084

ANNA MARKS
5455 A1A South
St. Augustine, FL 32080

**DO NOT WRITE
IN THIS SPACE**

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: *[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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'NEIL, CYNTHIA 10 EDGEWATER PLACE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKS, ANNA 6450 SOLAND FARM RD ELKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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