

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051318

FILED
Apr 21, 2009
Secretary of State

Entity Name: MAY RESORT RENTALS, INC.

Current Principal Place of Business:

5431 A1A SOUTH
STE. 102
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

5431 A1A SOUTH
STE. 102
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3256458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, ANNA
5455 HWY A1A SOUTH
ST. AUGUSTINE, FL 32080 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: VP () Delete
Name: METLOCK, GINGER
Address: 441 CHAMBERLAIN DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P () Delete
Name: MARKS, ANNA
Address: 6450 SOLAND FARM RD
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MATLOCK, GINGER
Address: 441 CHAMBERLAIN DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
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

VP

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date