

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90210 026 ***150.00

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1. Entity Name

WILLIE MAYES CEMENT FINISHING, INC.



Principal Place of Business

**1642 22ND ST
SARASOTA, FL 34234**

Mailing Address

**1642 22ND ST
SARASOTA, FL 34234**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0765574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAYES, LEE W
2407 MANGO AVE
SARASOTA, FL 34234**

**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

Lee W. Mayes

4-22-06

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**P
MAYES, LEE W
1642-22ND ST
SARASOTA, FL 34234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MAYES, WILLIE JR.
1642 22ND ST
SARASOTA, FL 34234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MAYES, KATHY
1642 22ND ST.
SARASOTA, FL 34234**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAYES, LARRY
1642 22ND ST.
SARASOTA, FL 34234**

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:

Lee W. Mayes

4-22-06

356-9842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #