

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90064 041 \*\*\*150.00

<b>DOCUMENT # P96000092226</b>						
<b>1. Entity Name</b> WILLIE MAYES CEMENT FINISHING, INC.						
<b>Principal Place of Business</b> 1642 22ND ST SARASOTA, FL 34234			<b>Mailing Address</b> 1642 22ND ST SARASOTA, FL 34234			
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		<b>4. FEI Number</b> 65-0765574		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  MAYES, LEE W 2407 MANGO AVE SARASOTA, FL 34234			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> MAYES, LEE W		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1642-22ND ST	<b>CITY - ST - ZIP</b> SARASOTA, FL 34234		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> VP	<b>NAME</b> MAYES, WILLIE JR.		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1642 22ND ST	<b>CITY - ST - ZIP</b> SARASOTA, FL 34234		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> ST	<b>NAME</b> MAYES, KATHY		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1642 22ND ST.	<b>CITY - ST - ZIP</b> SARASOTA, FL 34234		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> MAYES, LARRY		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1642 22ND ST.	<b>CITY - ST - ZIP</b> SARASOTA, FL 34234		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Lee W. Mayes</u>				4-5-07 941-9536542		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		