## 11/2

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P9700000356  1. Entity Name MAY DAY OUTDOOR SERVICES, INC.   |  |  |                             |   |                                       |      |                      | SECRETARY OF STATE DIVISION OF SCREENINS  06 SEP -6 PM 2: 21 |                          |                    |             |                          |            |  |
|---|--|--|-----------------------------|---|---------------------------------------|------|----------------------|--|--------------------------|--------------------|-------------|--------------------------|------------|--|
| Principal Place of Business<br>8075 APALACHEE PARKWAY<br>TÁLLAHASSEE, FL 32311  |  |  | 80                          | oiling Address<br>175 APALACHEE PARI<br>ALLAHASSEE, FL 323  |                                       |      |                      |  |                          |                    | <b></b>     |                          |            |  |
| 2. Principal Place of Business  |  |  |                             | 3. Mailing Address  |                                       |      |                      |  |                          |                    |             |                          |            |  |
| Suite, Apt. #, etc.   |  |  | \$                          | Suite, Apt. #, etc.   | · · · · · · · · · · · · · · · · · · · |      | 09062006             | Chg-P  |                          | CR2E034            | l (11/05)   |                          |            |  |
| City & State  |  |  |                             | City & State  |                                       |      | 4. FEI Number 59-341 |  |                          |                    | <del></del> | plied For<br>Applicable  |            |  |
| Zip   |  | Country Zip  6. Name and Address of Current Registered |                             |   | Count                                 | itry |                      |  | of Status Desi           |                    | □ Fe        | 8.75 Addi<br>ee Required |            |  |
| TALLAHAS  | K<br>KS LAND<br>SSEE, FL                                   | DING DRIVE<br>32309                                    | Street Address 8075 City TA | Street Address (P.O. Box Number is Not Acceptable)  8075 APALACHEE PKWY  City TALLAHASSEE FL Zip Code 323   1 |                                       |      |                      |  |                          |                    |             |                          |            |  |
| 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |  |  |                             |   |                                       |      |                      |  |                          |                    |             |                          |            |  |
| FILE NOW!!! FEE IS \$550.00  Due by September 15, 2006  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees   |  |  |                             |   |                                       |      |                      |  |                          |                    |             |                          |            |  |
| 10.   | Tup.   | OFFICERS AND   | DIREC                       |   | 11.                                   | . 1  |                      | ADDITIONS  | CHANGES TO               | ) OFFICE           |             |                          |            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                             |   |                                       | l l  |                      | <b>1</b> O<br>09/12/   | 1 <b>007</b> 5<br>/06010 | 1 <b>71</b><br>220 |             | □ Change<br>1<br>150.00  | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MRS. MAY, DAWN E 3036 HAWKS LANDING DRIVE  Delete 1111 NAT |  |                             |   |                                       |      |                      |  |                          |                    | (           | Change                   | ☐ Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete TITL NAM STR                                      |  |                             |   |                                       |      |                      |  |                          |                    | ]           | Change                   | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | •  |  |                             |   |                                       |      |                      |  |                          |                    |             | Change                   | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <b>1</b>   |  |                             |   |                                       |      |                      |  |                          |                    |             | Change                   | ☐ Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | LE<br>ME<br>EET ADDRESS<br>Y-ST-ZIP                    |                             |   |                                       |      |                      | Change   | ☐ Addition               |                    |             |                          |            |  |
| 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 AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Days To |  |  |                             |   |                                       |      |                      |  |                          |                    |             |                          |            |  |

## MAY DAY OUTDOOR SERVICES INC.

8075 Apalachee Parkway Tallahassee, Florida 32311 Office (850)-877-7056 Fax (850) - 878-5439

| send to: FL. DEPT. OF STATE  | From: Rick MAY  |  |  |  |  |  |
|--|-----------------|--|--|--|--|--|
| Attention:   | Date: 9-6-06    |  |  |  |  |  |
|  | Rick May        |  |  |  |  |  |
|  | 3               |  |  |  |  |  |
| Urgent Reply ASAP Please comment Please review For your information  Total pages, including cover: |                 |  |  |  |  |  |
| Comments:  |                 |  |  |  |  |  |
| RE: Annual Report:   |                 |  |  |  |  |  |
| ANNUAL REPORT,<br>oversite of Noti   | NAS LATE DUE to |  |  |  |  |  |
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|  | <i>,</i>        |  |  |  |  |  |