# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2004**
**Secretary of State**

DOCUMENT# P98000025608

**Entity Name:** MAY NURSERY SPREADER COMPANY

**Current Principal Place of Business:**

178 MAY NURSERY ROAD
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

178 MAY NURSERY ROAD
HAVANA, FL 32333

**New Mailing Address:**

**FEI Number: 59-3722831** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, HOMER M
113 N. MADISON
QUINCY, FL 32351 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: VPD ( ) Delete
Name: MAY, FRED B
Address: 681 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD ( ) Delete
Name: MAY, JOHN B
Address: 637 SOLOMAN DAIRY ROAD
City-St-Zip: QUINCY, FL 32351

Title: VPD ( ) Delete
Name: MAY, FOUNTAIN H
Address: 835 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32351

Title: DIR ( ) Delete
Name: FLETCHER, HOMER M JR
Address: 113 N. MADISON STREET
City-St-Zip: QUINCY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN B. MAY PD 03/10/2004

Electronic Signature of Signing Officer or Director Date