

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90015 027 ***150.00

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1. Entity Name

ROSE M. MAYS ENTERPRISES, INC.



Principal Place of Business

15018 LAKE EMERALD BLVD.
TAMPA, FL 33618

Mailing Address

15018 LAKE EMERALD BLVD.
TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3508651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYS, ROSE M
15018 LAKE EMERALD BLVD.
TAMPA, FL 33618

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYS, ROSE M
STREET ADDRESS 15018 LAKE EMERALD BLVD.
CITY-ST-ZIP TAMPA, FL 33618

TITLE ST
NAME MAYS, GARY M
STREET ADDRESS 15018 LAKE EMERALD BLVD.
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Rose M. Mays ROSE M. MAYS, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

Date

813-961-2826

Daytime Phone #