

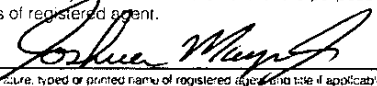
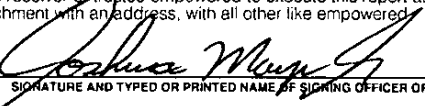


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000042192 1. Entry Name J-MAYS MECHANICAL CONSTRUCTION, INC.					
Principal Place of Business 1514 1/2 13TH ST S SAINT PETERSBURG, FL 33705			Mailing Address 1514 1/2 13TH ST S SAINT PETERSBURG, FL 33705		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3472360	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAYS, JOSHUA JR 1514-1/2 13TH ST. SO. ST. PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 06/01/05 <small>(NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYS, JOSHUA JR 1514112 13TH ST S ST PETERBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600056527756 06/27/05--01008--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600056527756 06/27/05--01008--009 **825
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				Date: 06/01/05 (727) 823-9191	



FROM :

FAX NO. :

Jan. 13 2004 11:54PM P1

June 18-2005

Dear Sir, Attn. Tyrone Scott

Or to whom it may concern,

I am requesting that these fees be waived. I never received a renewal notice or a letter for reenrollment. This letter please use it as my letter for recertification. Again I am asking that all fees be waived or cancel.

Thank you