

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058339

Entity Name: MAYDAY ASSOCIATES, INC.

FILED  
Apr 16, 2004  
Secretary of State

## Current Principal Place of Business:

5209 OLD GALLOWS WAY  
NAPLES, FL 34105

## New Principal Place of Business:

## Current Mailing Address:

5209 OLD GALLOWS WAY  
NAPLES, FL 34105

## New Mailing Address:

FEI Number: 65-0931930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLEMAN, KEVIN G  
4001 TAMIAMI TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 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: PD ( ) Delete  
Name: HAGAN, KARLEEN M  
Address: 5209 OLD GALLOWS WAY  
City-St-Zip: NAPLES, FL 34105

Title: S ( ) Delete  
Name: SVITAK, JODY A  
Address: 10958 E. SUTHERLAND WAY  
City-St-Zip: SCOTTSDALE, AZ 85262

Title: T ( ) Delete  
Name: HAGAN, JAMIE L  
Address: 195 WOODPECKER RIDGE ROAD  
City-St-Zip: TONKA BAY, MN 55331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: WILCOX, JAMIE L  
Address: 5701 CODE AVENUE  
City-St-Zip: EDINA, MN 55436

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: KARLEEN M. HAGAN

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date