2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Feb 13, 2006 8:00 am Secretary of State **DOCUMENT # S91830** 02-13-2006 90025 002 ***150.00 1. Entity Name CHARLES E. MAY & ASSOC., INC. Principal Place of Business Mailing Address 21848 DAIRY RD 21848 DAIRY RD EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business 3. Mailing Address <u>338-5 VITORIA AVE</u> 338-5 VITORIA AVE CR2E034 (11/05) 01312006 Cha-P City & State City & State 4. FEI Number Applied For WINTER PARK, FL WINTER PARK, FL 59-3100490 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MAY, JAN M **21848 DAIRY RD** EUSTIS, FL 32726 338-5 VITORIA AVE Zip Code **32789** WINTER PARK 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 Described name of registered sent and title if applicable. 02.01.2006 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DST TITLE ☐ Detete TITLE T D/P Change ☐ Addition MAY, JAN M 338-5 VITORIA AVE MAY, JAN M NAME NAME **21848 DAIRY RD** STREET ADDRESS STREET ADDRESS EUSTIS, FL CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 TITLE ☐ Delete TITLE D/S/T ☐ Change **X** Addition MAY, JASON C 338-5 VITORIA AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

02.01.2006 (407)590-6083