

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45089

Entity Name: A.D. MAY FARM, INC.

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

3080 AYCOCK ROAD  
COTTONDALE, FL 32431 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 818  
CHIPLEY, FL 32428

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

DOUGLAS, MAY ALEXANDER  
3080 AYCOCK ROAD  
COTTONDALE, FL 32431 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: D ( ) Delete  
Name: MAY, ALEXANDER D., I, II  
Address: 3080 AYCOCK RD  
City-St-Zip: COTTONDALE, FL 32431

Title: D ( ) Delete  
Name: MAY, TINA DIAZ,  
Address: 3080 AYCOCK RD  
City-St-Zip: COTTONDALE, FL 32431

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

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: A.D.MAYIII

PRES

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date