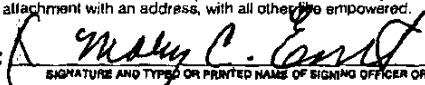


FILED
Aug 03, 2004 8:00 am
Secretary of State

07-12-2004 90029 006 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000021050			
1. Entity Name MARY CAROL ERNST, INC.			
Principal Place of Business 2821 PLACIDA ROAD ENGLEWOOD, FL 34224		Mailing Address 2821 PLACIDA ROAD ENGLEWOOD, FL 34224	
2. Principal Place of Business		3. Mailing Address PO 5112	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Englewood, FL	
Zip		Zip 34224	
Country		Country USA	
5...Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERNST, MARY CAROL 7 PEBBLE BEACH DRIVE ROTONDA WEST, FL 33947		7. Name and Address of New Registered Agent Name: MARY CAROL ERNST Street Address: 7 PEBBLE BEACH DRIVE City: ROTONDA WEST, FL 33947	
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: _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ERNST, MARY CAROL 7 PEBBLE BEACH DRIVE ROTONDA WEST, FL 33947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 who empowered.			
SIGNATURE: 		7/6/04 944-504-5461	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	