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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.

66431257

Principal Place of Business	Mailing Address
2821 PLACIDA ROAD ENGLEWOOD, FL 34224	2821 PLACIDA ROAD ENGLEWOOD, FL 34224

07062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO. 5112
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Englewood, FL
Zip Country	Zip 34224 Country USA

4. FEI Number 72-1544304 — Applied For / Not Applicable

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 (P.O. Box Number is Not Acceptable) 7 Pebble Beach Drive
City Rotonda West, FL FL Zip Code 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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ERNST, MARY CAROL		NAME	
STREET ADDRESS	7 PEBBLE BEACH DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		F ☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Mary C. Ernst — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 — Date
941-504-5461 — Daytime Phone #