

**2004 FOR-PROFIT CORPORATION ANNUAL REPORT**


9/3/2

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90004 011 \*\*\*150.00

**DOCUMENT # P03000100126**

1. Entity Name  
**MARY C. BRAND, LCSW, P.A.**



Principal Place of Business  
**1808 ORCHID STREET**  
**SARASOTA, FL 34239 US**

Mailing Address  
**5247 MYRTLEWOOD**  
**SARASOTA, FL 34235 US**

**66433682**



2. Principal Place of Business  
 Suites, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

08272004 Chg-P CR2E034 (10/03)

4. FEI Number **050530853** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRAND, MARY C**  
**5247 MYRTLEWOOD**  
**SARASOTA, FL 34235**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRAND, MARY C</b> <b>5247 MYRTLEWOOD</b> <b>SARASOTA, FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRAND, MARY C</b> <b>5247 MYRTLEWOOD</b> <b>SARASOTA, FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>BRAND, MARY C</b> <b>5247 MYRTLEWOOD</b> <b>SARASOTA, FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>BRAND, MARY C</b> <b>5247 MYRTLEWOOD</b> <b>SARASOTA, FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Mary C Brand Date: Aug 30, 04 (941) 342-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 66433682

**AAA BOOKKEEPING & TAX SERVICE**

P.O. Box 47

Bradenton, Florida 34206

Re: P03000100126

August 9, 2004

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Mary C Brand, LCSW, PA  
Uniform Business Report

Dear Customer Service:

Enclosed is the UBR Report for the above company. My client does not recall getting the notification to renew her company's Annual Report, so we have gone to the website and downloaded it.

We respectfully request that you waive the penalty. A check for \$150.00 is enclosed to complete the filing for 2004.

Sincerely,

*Reba C. Rogers*

Reba C. Rogers, CPA

Enclosures