


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90027 024 ***150.00

DOCUMENT # P03000100126

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



Principal Place of Business
~~3800 S. TAMiami TRAIL SUITE 315 SARASOTA FL 34239 US~~

Mailing Address
 5247 MYRTLEWOOD SARASOTA FL 34235 US



2. Principal Place of Business - No P.O. Box #
68051 N. TAMiami Trail

3. Mailing Address
~~3800 S. TAMiami Trail~~

Suite, Apt. #, etc.
C-5

City & State
Bradenton, FL

Zip
34243

Country
Manatee

1st MOORE CR2E034 (10/07)

4. FEI Number **05-0530853**

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 *Mary C. Brand* DATE 4/27/08

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
After May 1, 2008: Fee Will Be \$550.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: *Mary Brand* DATE 4/27/08 (941) 342-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR