

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90393 002 ***150.00

DOCUMENT # P07000066528

1. Entity Name
MARY BETH'S BRIDAL & FORMAL WEAR INC



Principal Place of Business Mailing Address
631 N CITRUS AVE 631 N CITRUS AVE
CRYSTAL RIVER, FL 34428 US CRYSTAL RIVER, FL 34428 US

2. Principal Place of Business - No P.O. Box #
657 N Citrus Ave
Suite, Apt. #, etc.

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

02282008 Chg-P CR2E034 (12/06)

City & State
Crystal River, FL
Zip
34428
Country
US

City & State
Zip
Country

4. FEI Number
26-0411311
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'STEEN, MARY B
631 N CITRUS AVE
CRYSTAL RIVER, FL 34428

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 Beth O'Steen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	O'STEEN, MARY B	
STREET ADDRESS	631 N CITRUS AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'STEEN, BENNETT	
STREET ADDRESS	631 N CITRUS AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'STEEN, ASHTON	
STREET ADDRESS	631 N CITRUS AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'STEEN, MARY B	
STREET ADDRESS	631 N CITRUS AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
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
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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 Chapter 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 empowered.

SIGNATURE *Mary Beth O'Steen* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #