


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90057 012 \*\*\*150.00

**DOCUMENT # 592994**

1. Entity Name  
MARY SMITH CONOVER, INC.



Principal Place of Business 416 ROYAL PALM WAY TAMPA, FL 33609	Mailing Address 416 ROYAL PALM WAY TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**



03142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1960924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

CONOVER, MARY SMITH  
416 ROYAL PALM WAY  
TAMPA, FL 33609

**DO NOT WRITE IN THIS SPACE**

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 Smith Conover* DATE 3/29/04  
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	CONOVER, MARY S
STREET ADDRESS	416 ROYAL PALM WAY
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	PT
NAME	<del>SWEENEY, FRANK J</del>
STREET ADDRESS	<del>1025 FAIRWINDS CIRCLE APT 101</del>
CITY-ST-ZIP	<del>PLANT CITY, FL 33567</del>
TITLE	Director
NAME	Richard Conover
STREET ADDRESS	416 Royal Palm Way
CITY-ST-ZIP	Tampa Fl. 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # 813-286-1258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR