

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 592994

1. Entity Name
MARY SMITH CONOVER, INC.



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

04-05-2004 90057 012 ***150.00

Principal Place of Business
416 ROYAL PALM WAY
TAMPA, FL 33609

Mailing Address
416 ROYAL PALM WAY
TAMPA, FL 33609



03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1960924

Applied For
Not Applicable

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

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*

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

(NOTE: Registered Agent signature required when reinstating)

3/29/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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	SWEENEY, FRANK J
STREET ADDRESS	1025 FAIRWINDS CIRCLE APT 101
CITY-ST-ZIP	PLANT CITY, FL 33567
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-286-1258