## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #645532** 1. Entity Name MARY W. BRAND, INC.

**FILED** Apr 04, 2007 08:00 A Secretary of State

Principal Place of Business

4554 CENTRAL AVE

SUITE B-1 ST PETERSBURG, FL 33711 Mailing Address

**4554 CENTRAL AVE** SUITE B-1

ST PETERSBURG, FL 33711



	I INCOME CONTRACT WINDOW WITH WITH THE PROPERTY WINDS WINDS WINDS WINDS WE IN-		
DO NOT WRITE IN THIS SPACE	01042007	No Chg-P	CR2E034 (11/05)
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4. FEI Number Applied For 59-1952236 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BRAND, MARY W **4554 CENTRAL AVE** SUITE B-1 ST PETERSBURG, FL 33711

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registered egent and title it	applicable. (NOTE: Registered	Agent algrature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000689297 04/11/07-80029-015 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAND, MARY W. 1430 SEA GULL DRIVE S ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRAND, MARY W. 1430 SEA GULL DRIVE S ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAND, MARY W. 1430 SEA GULL DRIVE S ST. PETERSBURG, FL		ı	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP