


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 14, 2005 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F21473</b><br>1. Entity Name<br><b>MARYLOU GENERAL STORE INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>3-5 DEL CLUB AVENUE<br/>P.O. BOX 26<br/>CLEWISTON, FL 33440</b> | Mailing Address<br><b>3-5 DEL CLUB AVENUE<br/>P.O. BOX 26<br/>CLEWISTON, FL 33440</b> |
|---|---|



03062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-2048216</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>SELF, MARIA<br/>3-5 AVENUE DEL CLUB MONTURO RANCH<br/>MONTURA RANCH<br/>CLEWISTON, FL 33440</b> |
|---|

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPST<br>SELF, MARIA<br>3-5 AVE DEL CLUB MONTURA<br>CLEWISTON, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ALVAREZ, MARY LOU<br>PO BOX 26<br>CLEWISTON, FL 33440      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000263689  
03/14/05-80106-006 155.00

**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)(f), 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: *Maria Lou Alvarez* **3/7/05** **863-982-7912**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #