

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G40821

1. Entity Name
MARY E. MUNGER & ASSOCIATES, INC.



Principal Place of Business
**9210 CHASE STREET
SPRING HILL, FL 34606**

Mailing Address
**9210 CHASE STREET
SPRING HILL, FL 34606**



02292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2296159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUSSEL, SHARON E.
9210 CHASE ST.
SPRING HILL, FL 34606**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000075323
03/03/04-80052-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OWENS, MARY E.
STREET ADDRESS	6384 HAZELWOOD RD.
CITY-ST-ZIP	SPRING HILL, FL
TITLE	P
NAME	RUSSEL, SHARON E.
STREET ADDRESS	9210 CHASE ST.
CITY-ST-ZIP	SPRING HILL, FL
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:

Sharon E. Russel

Sharon E. Russel

2/29/04

(352)686-6315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #