


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H64556 1. Entity Name MABRY CORPORATION	
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Principal Place of Business 39 SCHWALL ROAD HAVANA, FL 32333	Mailing Address PO BOX 2369 HAVANA, FL 32333
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**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2749694	Applied For 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

PEAVY, M D III  
39 SCHWALL ROAD  
HAVANA, FL 32333

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEAVY, M D III 8906 FLORIDA-GEORGIA HIGHWAY HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MASON, WAYNE R 1647 EAGLES LANDING BLVD #2 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/20/04-80042-018 150.00

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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 or other like empowered.

SIGNATURE: Wayne Mason 2/19/04 850-539-5019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #