

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K70287

1. Entity Name
MARY'S TAXI, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 30 PM 3:14

Principal Place of Business
1157 MCCALL RD S.
ENGLEWOOD, FL 34223

Mailing Address
1157 MCCALL RD S.
ENGLEWOOD, FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0108102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, LINDA L
745 S OXFORD DR
ENGLEWOOD, FL 34223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 LINDA L BUTLER COUNSEL

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME SMITH, BETH M.
STREET ADDRESS 1796 FLORENCE
CITY-ST-ZIP ENGLEWOOD, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 8/12/04 9002 041 150.00

TITLE T ☐ Delete
NAME MAYS, DEANNA
STREET ADDRESS 1796 FLORENCE AVE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BUTLER, LINDA L
STREET ADDRESS 745 S. OXFORD DR.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800041537578
STREET ADDRESS 10/01/04--01058--004 **400.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Linda L Butler LINDA L. BUTLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 16, 2004 941-475-8294
Date Daytime Phone #

9/30/04