

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007904

1. Entity Name
MARY'S ROOM INTERNATIONAL, INC.



Principal Place of Business
**840 GEORGE BUSH BOULEVARD
BUILDING D
DELRAY BEACH, FL 33483**

Mailing Address
**840 GEORGE BUSH BOULEVARD
BUILDING D
DELRAY BEACH, FL 33483**



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1059168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**J. PATRICK FITZGERALD, ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134**

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GUINAN, FRANK
STREET ADDRESS 840 GEORGE BUSH BOULEVARD
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VD
NAME SOCKOL, TIMOTHY
STREET ADDRESS 840 GEORGE BUSH BOULEVARD
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE TD
NAME MUELLER, KATHLEEN
STREET ADDRESS 797 MALLARD DRIVE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE SD
NAME MUELLER, GUY
STREET ADDRESS 797 MALLARD DRIVE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000328916
04/25/05-80095-019 61.25

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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 617, 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:

Kathleen Mueller **KATHLEEN MUELLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 561-276-4320

Date

Daytime Phone #