

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001975

FILED
Feb 28, 2007
Secretary of State

Entity Name: MARY LEE'S HOUSE, INC.

Current Principal Place of Business:

300 WEST PLATT STREET
SUITE 100
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

300 WEST PLATT STREET
SUITE 100
TAMPA, FL 33606

New Mailing Address:

FEI Number: 65-1096929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZEN, NANCY C
3415 WEST LYKES AVENUE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARRIOR, J. REX III
Address: 300 WEST PLATT STREET, SUITE 100
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: TOBIE, CHARLENE
Address: 1509 SHERIDAN FOREST DRIVE
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: SCHATZBERG, BETH
Address: 4521 W WATROUS
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: GRAGG, GEORGE
Address: 7725 CEDARHURST LANE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: FARRIOR, MARY LEE
Address: 3112 ANGELES STREET
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: FARRIOR, HUGH
Address: 2420 W PROSPECT
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J REX FARRIOR III

PD

02/28/2007

Electronic Signature of Signing Officer or Director

Date