

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035535

FILED
Mar 05, 2009
Secretary of State

Entity Name: NAUTICAL DESIGNS BY MARY ANN, INC.

Current Principal Place of Business:

8862 SOUTHERN ORCHARD RD N
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

8862 SOUTHER ORCHARD RD N
DAVIE, FL 33328

New Mailing Address:

P.O. BOX 290395
DAVIE, FL 33329

FEI Number: 65-1009118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFEE, MICHAEL CPA
9720 STIRLING ROAD
212
COOPER CITY, FL 33024 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARKAS, MARY ANN
Address: 8862 SOUTHER ORCHARD RD N
City-St-Zip: FT LAUDERDALE, FL 33328

Title: D () Delete
Name: FARKAS, ROBERT J
Address: 8862 SOUTHERN ORGHARD RD N
City-St-Zip: FT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN FARKAS

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03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date