


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90033 021 ***150.00

DOCUMENT # P00000080130		
1. Entity Name MARY'S JUST FOR KIDS, INC.		

Principal Place of Business 11112-14 SAN JOSE BLV JACKSONVILLE, FL 32223	Mailing Address 11112-14 SAN JOSE BLV JACKSONVILLE, FL 32223
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Please Note Change in Suite #

DO NOT WRITE IN THIS SPACE

*Corp ID # NOT CORRECT
* CHANGED JUNE 2001*



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59- 8885470 3671654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEBER, PIERRE
8022 MACINNES DR
JACKSONVILLE, FL 32244

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PRESIDENT/OWNER - WEBER, MARY 8022 MACINNES DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary WEBER, PIERRE 8022 MACINNES DR JACKSONVILLE, FL 32244
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 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: Mary E. Weber Mary E. Weber owner 3/23/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904 886 7071