

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90098 041 ***150.00

DOCUMENT # P00000080130

1. Entity Name

MARY'S JUST FOR KIDS, INC.



Principal Place of Business

11112-25 SAN JOSE BLV
JACKSONVILLE FL 32223

Mailing Address

11112-25 SAN JOSE BLV
JACKSONVILLE FL 32223



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3671654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WEBER, PIERRE~~
1930 WINDY WAY E.
JACKSONVILLE FL 32259

MARY WEBER

Name MARY E WEBER

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

1930 WINDYWAYE

City JACKSONVILLE

FL

Zip Code 32259

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

Mary E. Weber

(Signature, typed or printed name of registered agent and title, applicable)

MARY E WEBER

(NOTE: Registered Agent signature required when reappointing)

DATE

4/23/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY ST-ZIP | PO WEBER, MARY 1930 WINDY WAY E. JACKSONVILLE FL 32259 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | S WEBER, PIERRE 1930 WINDY WAY E. JACKSONVILLE FL 32259 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

MARY E WEBER

Date

Corporate Phone

4/23/07 904/886/707