


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 018 ***158.75

| | | |
|---|--|---|
| DOCUMENT # P01000002787 | |  |
| 1. Entity Name MARY'S ON BAYSHORE, INC. | | |

| | |
|---|---|
| Principal Place of Business 441 BAYSHORE DRIVE VENICE, FL 34285 | Mailing Address 441 BAYSHORE DRIVE VENICE, FL 34285 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 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 |



06172008 Chg-P CR2E034 (12/06)

| | | |
|--|--|--|
| 4. FEI Number 65-1064690 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HODGE, MARY ANN 441 BAYSHORE DRIVE VENICE, FL 34285 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HODGE, MARY ANN | NAME | |
| STREET ADDRESS | 441 BAYSHORE DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | VENICE, FL 34285 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HODGE, KATHERINE | NAME | KATHERINE HODGE CORRIGAN |
| STREET ADDRESS | 150 N. NOKOMIS AVE. | STREET ADDRESS | 171 SHELL RD |
| CITY-ST-ZIP | VENICE, FL 34285 | CITY-ST-ZIP | VENICE FL 34293 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Katherine Corrigan (Hodge) **KATHERINE HODGE CORRIGAN** **6-20-08** **941-484-3219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

6-20-08

46109083
#P01000002787

ATTN KATHY ASHTON
REGULATORY SPECIALIST II
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314

DEAR KATHY ASHTON,

THANK YOU FOR SENDING THE 2008 FOR PROFIT
CORPORATION ANNUAL REPORT FORM.

THIS IS TO REQUEST A WAIVER OF THE \$400.00
LATE FEE DUE TO NON RECEIPT OF THE PRIOR
REPORT - POST CARD FOR RENEWAL.

THANK YOU FOR YOUR RESPONSE, AND SHOULD YOU
HAVE ANY QUESTIONS PLEASE CONTACT OUR CORPORATION
AT THE INFORMATION BELOW.

THANK YOU.

~~Mary Ann Hodge~~
MARY ANN HODGE
MARY'S ON BAYSHORE INC
ASSISTED LIVING FACILITY
LICENSE AL10200
441 BAYSHORE DR
VENICE FL 34285
941 484-3219