

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000006501

1. Entity Name
MARY BETH CORN, P.A.



Principal Place of Business
**223 LITHIA PINECREST RD
BRANDON, FL 33511**

Mailing Address
**223 LITHIA PINECREST RD
BRANDON, FL 33511**

**FILED
Jan 09, 2004 08:00 AM
Secretary of State**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1080829** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARMEN, ALLEN S ESQ
223 LITHIA PINECREST RD
BRANDON, FL 33511**

**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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORN, MARY B 6023 HAMMOCK HILL AVE LITHIA, FL 33547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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100000001367
01/12/04-80005-002 150.00

**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 19.07(3)(f), 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04 (813) 655-6299
Date Daytime Phone #