2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000100520 1. Entity Name MARILYN L. BEAN, P.A. Principal Place of Business Mailing Address 60 E. GULF BEACH DR. 60 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328 ST. GEORGE ISLAND, FL 32328 01112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3750960 5. Certificate of Status Desired

FILED Jan 13, 2004 08:00 AM Secretary of State

Applied For

\$8.75 Additional

Fee Required

Not Applicable

| 6. Name and Address of Current Registered Agent BEAN, MARILYN L 60 E. GULF BEACH DR, ST. GEORGE ISLAND, FL 32328 | | | | CONTRACTOR STATE | ning of the state | | يغيرها وأسا |
|--|---|---|--|--------------------------------|--|--|-------------------------|
| | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | e e e e e e e e e e e e e e e e e e e | a sayah ay a sa s | |
| | named entity submits this statement for the price of registered agent. | urpose of changing its register | ed office or r | egistered agent, or b | oth, in the State of Florida | a. I am familiar with, a | nd accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and life if | applicable. (NOTE, Registere | d Agent signature | a required when reinstating) | · · · · · · · · · · · · · · · · · · · | DATE | |
| | E NOWIII FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution, | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | Ĭ | | · · · · · · · · · · · · · · · · · · · | Jan and Artificial Co. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEAN, MARILYN L 60 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328 | | | | | | made in the |
| TITLE NAME | | | | andro de Proceso es | 01./14/04-800 | T-013 150.00 |) |
| STREET ADDRESS CITY-ST-ZIP | | | | | The second secon | | |
| TITLE NAME | | | | · .· | and the second s | | |
| STREET ADDRESS CITY-ST-ZIP | | | 50 a 60 | DO | NOT WE | ITE | and the second supplies |
| TITLE NAME | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | IN | THIS SPA | CE | 11 0 Mt. 144 |
| STREET ADDRESS CITY-ST-ZIP | | _ | | | | * * * * * * * * * * * * * * * * * * * | |
| TITLE NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | The second secon | alam a kan d ila a ah | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | e es mestare | And the second of the second o | in the second of | to am |
| | ertify that the information supplied with this fillion on this report or supplemental report is true ar | ng does not qualify for the exer | nption states | d in Section 119.07(3 | (i), Florida Statutes. I fur | her certify that the info | amation 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: