


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P01000110003<br>1. Entity Name<br>MARY ANN MERCER AND ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business<br>2320 HERITAGE GREENS DRIVE<br>NAPLES, FL 34119 | Mailing Address<br>2320 HERITAGE GREENS DRIVE<br>NAPLES, FL 34119 |
|---|---|



04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3736488                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>MERCER, MARY A<br>2320 HERITAGE GREENS DRIVE<br>NAPLES, FL 34119 |
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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 \_\_\_\_\_ (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"/> | <b>\$5.00</b> May Be Added to Fees | 000000119825<br>04/19/04-80113-009 150.00 |
|--|------------------------------------|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST<br>MERCER, MARY A<br>2320 HERITAGE GREENS DRIVE<br>NAPLES, FL 34119 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MERCER, MARY A<br>2320 HERITAGE GREENS DRIVE<br>NAPLES, FL 34119    |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Mary A. Mercer*