2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 04, 2005 8:00 am Secretary of State DOCUMENT # P02000018382 1. Entity Name 03-04-2005 90098 023 ***150.00 MARY ANN MERVA, P.A. Principal Place of Business Mailing Address 350 S INDIANA AVE 350 S INDIANA AVE ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Busines 3. Mailing Address 14605 Mc Cell Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 CR2E034 (10/03) Cha-P 4. FEI Number Applied For Tewood, ug/ewood 76-0706063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERVA, MARY A Street Address (P.O. Box Number is Not Acceptable) 350 S INDIANA AVE ENGLEWOOD, FL 34223 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE MERVA, MARY A NAME NAME SSOS INDIANA AVE 14605 Mc Call RD STREET ADDRESS STREET ADDRESS **ÉNGLEWOOD, FL 34223** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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 if changed, or on an attachment with an address, with all other like empowered.

Many ann Mewn PA President

SIGNATURE:

FILED