


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90349 025 ***150.00

DOCUMENT # P02000072202			
1. Entity Name MARY'S MARKET CO. INC.			
Principal Place of Business 1023 NEW YORK AVE ST. CLOUD FL 34769		Mailing Address 1251 HOLLY ST E-23 ST. CLOUD FL 34769	
2. Principal Place of Business 1023 NEW YORK AVE Suite, Apt. #, etc.		3. Mailing Address 1251 HOLLY ST Suite, Apt. #, etc. E-23	
City & State ST CLOUD FL Zip 34769 Country OSCEOLA		City & State ST CLOUD FL Zip 34769 Country OSCEOLA	
4. FEI Number 68-0515048		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATT, EDWIN F 1251 HOLLY ST E-23 ST. CLOUD FL 34769		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COX, MARY 1251 HOLLY ST E-23 ST. CLOUD FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u>Edwin F Pratt</u>		EDWIN F PRATT 04-15-05 407-891-1498	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50040676



1st MOORE

CR2E034 (10/04)